

LOSCALZO & LOSCALZO, P.C.

NEW YORK'S ACCIDENT ATTORNEYS FOR OVER 30 YEARS

The Law & You

THE ACCIDENT

Date: _____

Time: _____ AM/PM

Location: _____

City or County: _____

Weather Conditions:

Clear Rain
 Snow Fog

Road Conditions:

Dry Wet
 Snow Ice

Was there a police report?

Yes No

Police Report No.: _____

Police Dept. Making Report: _____

Officer writing report:

Name: _____

Badge Number: _____

SPECIAL EDITION

We would like you to keep this special edition of The Law and You in the glove compartment of your car. In case of accident, you can record important information on it. Remember to keep a pen or pencil in your car at all times as well. Please call our law offices immediately if you are involved in an automobile accident. We can help you protect your legal rights.

IN YOUR CAR

Were there passengers? Yes No

Name: _____ Injured?
Yes: No:

Address: _____

Telephone: () _____

Name: _____ Injured?
Yes: No:

Address: _____

Telephone: () _____

Name: _____ Injured?
Yes: No:

Address: _____

Telephone: () _____

OTHER CAR 1

Make: _____ Model: _____

Year: _____ License: _____

Driver's Name: _____

Address: _____

Telephone: () _____

Driver's License: _____ number
state

Insurance Company: _____

Policy Number: _____

Agent's Name: _____

Telephone: () _____

Address: _____

Were there passengers? Yes No

Name: _____ Injured?
Yes: No:

Address: _____

Telephone: () _____

Name: _____ Injured?
Yes: No:

Address: _____

Telephone: () _____

Name: _____ Injured?
Yes: No:

Address: _____

Telephone: () _____

OTHER CAR 1

Make: _____ Model: _____

Year: _____ License: _____

Driver's Name: _____

Address: _____

Telephone: () _____

Driver's License: _____ number
state

Insurance Company: _____

Policy Number: _____

Agent's Name: _____

Telephone: () _____

Address: _____

Were there passengers? Yes No

Name: _____ Injured?
Yes: No:

Address: _____

Telephone: () _____

Name: _____ Injured?
Yes: No:

Address: _____

Telephone: () _____

Name: _____ Injured?
Yes: No:

Address: _____

Telephone: () _____

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IN CASE OF INJURY

When your friends, family members, or fellow workers get injured, they may need an attorney.

Please have them call us. We will be happy to help them.

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“DO’S”

1. DO call the police and ambulance if anyone is injured.
2. DO complete all of the information on this form.
3. DO set reflectors or flares. (DO NOT SET FLARES IF GASOLINE HAS LEAKED INTO THE ROADWAY.)
4. DO take pictures if possible.
5. DO give the other driver ONLY your name, address, driver’s license number, date of birth, telephone number, the name and telephone number of your insurance company or agent and your policy number. (if the car you are driving is not your own, tell the other driver who owns it and how to contact them.)
6. DO CALL OUR OFFICES IMMEDIATELY.

WITNESSES

1. Name: _____
Address: _____
Telephone: () _____
2. Name: _____
Address: _____
Telephone: () _____
3. Name: _____
Address: _____
Telephone: () _____

“DONT’S”

1. DO NOT leave the scene of the accident
2. DO NOT tell anyone it was your fault no matter what happened.
3. DO NOT tell anyone the limits of your insurance liability policy.
4. DO NOT say you were not injured. It may take days or even weeks for injuries to show up.
5. DO NOT give a detailed report of the accident to your insurance company until you speak with us.
6. DO NOT allow an insurance company or an investigator to record your statement about the accident. *If they call you, tell them to call us.*
7. DO NOT panic. Try to remain calm. Accidents do happen.

DIAGRAM

