

Carpenter & Zuckerman

Accident Checklist

- DATE OF ACCIDENT _____
- DAY OF THE WEEK _____
- TIME OF DAY _____
- LOCATION OF ACCIDENT _____

OTHER PARTY(S) INFORMATION

- NAME _____
- ADDRESS _____
- PHONE NUMBER _____
- DRIVER'S LICENSE NUMBER _____
- VEHICLE: MAKE _____ MODEL _____ YEAR _____
- LICENSE PLATE NUMBER _____
- REGISTER OWNER OF VEHICLE NAME _____
- INSURANCE COMPANY _____
- INSURED'S NAME _____
- POLICY NUMBER _____
- LOCATION OF DAMAGE ON VEHICLE _____
- STATEMENT OF OTHER PARTY AT ACCIDENT _____

MY INFORMATION

- LOCATION OF DAMAGE ON MY VEHICLE _____
- (1) WITNESS NAME _____
- ADDRESS _____
- PHONE NUMBER _____
- (2) WITNESS NAME _____
- PHONE NUMBER _____
- ADDRESS _____

POLICE INFORMATION

- LAPD CHP OTHER
- POLICE REPORT NUMBER _____
- POLICE OFFICER NAME _____
- CALL CARPENTER & ZUCKERMAN (310) 273-1230