



**HARRIS**

LAW OFFICES *of* RYAN HARRIS

**AUTO  
ACCIDENT  
INFORMATION  
BROCHURE**

*If you are involved in an accident,  
remember to:*

1. Get help for all injured.
2. Get name, address, phone number, make of vehicle and license number of the other driver(s), passengers and all witnesses.
3. Carefully examine damage to other vehicle(s) involved.
4. Do **NOT** admit fault.
5. Discuss the accident only with police or your insurance representative.
6. Photograph accident scene, the vehicle damage, and any injuries.
7. Notify your agent immediately.

**The Law Offices of Ryan Harris**

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**Protecting the Rights of Injured  
Persons and Their Families**

1.877.231.9970

[www.barrispersonalinjury.com](http://www.barrispersonalinjury.com)



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In case of an accident, complete **ALL** of the following information:

### Accident Facts

Date: \_\_\_\_\_

City: \_\_\_\_\_

Street: \_\_\_\_\_

Condition of road: \_\_\_\_\_

Weather: \_\_\_\_\_

What direction were you going? \_\_\_\_\_

Speed: \_\_\_\_\_

Did police take report? \_\_\_\_\_

Responding police department? \_\_\_\_\_

Case number: \_\_\_\_\_

How did it happen? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Your Vehicle

Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

License No.: \_\_\_\_\_

### Other Vehicle(s)

Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

License No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Insured by: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Damaged part(s) of vehicle \_\_\_\_\_

\_\_\_\_\_

### Damage to Other Property

Property: \_\_\_\_\_

Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Nature of Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Injured Person(s)

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Type of Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Type of Injury: \_\_\_\_\_

\_\_\_\_\_

### Witnesses

Document hosted at JDSUPRA™

<http://www.jdsupra.com/post/documentViewer.aspx?fid=ca506d6e-f14b-4c89-b6af-00452280ed83>

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

List ALL other witnesses on separate sheet of paper.

Car Insurance Co.: \_\_\_\_\_

Agent: \_\_\_\_\_

Agent's Phone: \_\_\_\_\_

Policy No.: \_\_\_\_\_

### Compliments

of

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