

Outside Panels

AFTER THE ACCIDENT

Call Us Immediately

As time passes, evidence can get lost and memories fade. Also, there are deadlines to make claims. Delay can cost you money!

See A Doctor Immediately

Your injuries could be worse than you think.

Do Not Talk To The Other Side's Insurer Without Consulting Us

You are not required to speak to them.

Do Not Sign Anything Without Consulting Us

What you sign could lower your recovery.

You Need A Lawyer's Help

Insurance adjusters work for the insurance company. Their job is to pay you as little as possible. We work for you.

**YOUR FIRM'S
NAME HERE**

FREE CONSULTATION

(123) 555-1212

www.yourwebaddress.com

Auto Accidents

Slip and Falls

All Other Injuries

*No Fee If No Recovery
Over 20 Years Experience*



YOUR FIRM'S NAME HERE

123 Main Street

Anytown, USA 00000

**Call Us If You Are In An Accident —
We'll Fight For Your Rights!**

Compliments of:

**YOUR FIRM'S
NAME HERE**

123 Main Street

Anytown, USA 00000

(123) 555-1212

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**What To
Do In An
Auto
Accident**



Keep In Glove Compartment

ABOUT THIS GUIDE



No one expects them, but accidents happen. If you are in an accident, what you say and do can affect your recovery. Please keep this guide in your glove compartment and follow the steps listed in case of an accident. They will help you get the information needed to resolve your claim and get the maximum recovery.

Your Firm's Name Here

IF AN ACCIDENT HAPPENS

- CALL 911 to get help for anyone who is injured.
- GATHER THE INFORMATION listed on the opposite pages. Write down as much of this information as you can at the accident scene.
- DO NOT DISCUSS the accident with anyone, except to answer questions asked by police officers.
- DO NOT TAKE ANY BLAME for the accident.
- CALL THE LAW OFFICES OF [YOUR NAME HERE] IMMEDIATELY FOR A FREE CONSULTATION. We will explain your legal rights and duties, and fight to get you the maximum recovery for your injuries and losses.

OBTAIN THIS INFORMATION

OTHER DRIVER

Name _____
 Address _____
 Home Phone # _____
 Work Phone # _____
 Driver's License # _____
 Date of Birth _____
 Insurance Co. _____
 Policy # _____

OTHER VEHICLE

Make/Model _____
 Year _____
 License # _____
 Vehicle ID # _____
 Owner's Name _____
 Address _____
 Phone # _____

WITNESSES

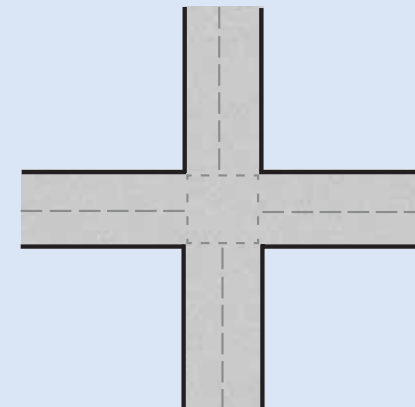
Name _____
 Address _____
 Phone # _____
 Name _____
 Address _____
 Phone # _____

POLICE OFFICER

Name _____
 Department _____ Badge # _____

DIAGRAM THE ACCIDENT

Draw the positions of both cars before, during and after the accident. Include traffic signs, stop lights and street lights.



Date/Time of Accident _____
 Weather Conditions _____
 Road Conditions _____
 Location _____
 Notes _____

YOUR FIRM'S NAME HERE
Free Consultation
(123) 555-1212

No Fee If No Recovery