

## AUTO ACCIDENT PROFILE

Today's Date \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_

Location of Accident: City: \_\_\_\_\_ State \_\_\_\_\_

Were you the Driver or Passenger? \_\_\_\_\_

To Whom Was Accident reported? \_\_\_\_\_

To Whom Was Citation Given? \_\_\_\_\_

Do you have an Attorney? \_\_\_\_\_ Attorney Name \_\_\_\_\_

Attorney Telephone # \_\_\_\_\_

Were you treated at the Hospital? \_\_\_\_\_

Were X-Rays Taken? \_\_\_\_\_

Name of Insurance Carrier \_\_\_\_\_

Address of Insurance Carrier \_\_\_\_\_

Claim Number \_\_\_\_\_

Claim Adjuster's Name \_\_\_\_\_

Claim Adjuster's Telephone Number \_\_\_\_\_