

## **RULE #1: DON'T PANIC**

## **RULE #2: NEVER ADMIT TO FAULT**

Do not sign any papers (unless it's for the police).

### **IMMEDIATELY AFTER THE ACCIDENT**

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#### **1 | Check for Injuries**

- a. First check yourself and then others.



#### **2 | Move To Safety**

- a. Do not move injured people.
- b. Only move if it is safe to do so.
- c. Remain at the scene but, if you can, move to a safe location.



#### **3 | Call Emergency Services**

- a. For anyone injured.
- b. Get a police report.

### **WHAT NEXT?**

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#### **1 | Take Photos**

- a. Your vehicle and the damage.
- b. The other vehicle and the damage.
- c. Skid marks or debris.
- d. The location and conditions.
- e. Any and all injuries.



#### **2 | Gather Witnesses**

- a. Names and contact information.



#### **3 | Exchange Vehicle Insurance Information**

- a. Exchange name, insurance company, policy number, and driver's license number.
  - i. If insurance documentation is not provided:  
Collect the driver's contact information, driver's license, and write down or photograph the car's license plate along with the make/model of the vehicle.

#### **4 | Contact A Powerhouse Injury Law Firm**

- a. Your law firm will fight the powerful insurance companies to get you the justice you deserve.



**THE DOMINGUEZ FIRM**  
LLP

📍 3250 Wilshire Blvd., Suite 2200, Los Angeles, CA 90010

📞 (800) 818-1818 | 🌐 <https://dominguezfirm.com>

# ACCIDENT INFORMATION

Date/Time of the accident - \_\_\_\_\_  
Location of the accident - \_\_\_\_\_  
Police report # - \_\_\_\_\_  
Weather conditions - \_\_\_\_\_  
Describe the accident - \_\_\_\_\_

## OTHER DRIVER'S INFO

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Name - \_\_\_\_\_  
Address - \_\_\_\_\_  
Phone - \_\_\_\_\_  
Insurance Company - \_\_\_\_\_  
Driver's License Number - \_\_\_\_\_  
Policy Number - \_\_\_\_\_  
License Plate - \_\_\_\_\_  
Vehicle Make - \_\_\_\_\_  
Vehicle Model - \_\_\_\_\_  
Vehicle Color - \_\_\_\_\_  
Number of occupants - \_\_\_\_\_

## OTHER CAR OWNER'S INFO (IF OWNER WASN'T DRIVING)

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Name - \_\_\_\_\_  
Address - \_\_\_\_\_  
Phone - \_\_\_\_\_

## WITNESS INFORMATION

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1| Witness Name - \_\_\_\_\_  
Witness Phone - \_\_\_\_\_  
2| Witness Name - \_\_\_\_\_  
Witness Phone - \_\_\_\_\_  
3| Witness Name - \_\_\_\_\_  
Witness Phone - \_\_\_\_\_



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