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BEEN IN A CAR ACCIDENT?

Date and Time:

Kind of Accident (rear end, t-bone, etc.):

Please use back of paper to draw a diagram of ROADS and VEHICLES involved

Road Conditions (wet, loose gravel, etc.):

Weather Conditions (raining, foggy, dark, etc.):

OTHER DRIVER 1:

Name:

Number:

Insurance Provider:

Policy Number:

Tickets Written:

Passenger's Names:

Passenger's Names:

Passenger's Numbers:

Passenger's Numbers:

Driver's Injuries:

Passenger's Injuries:

OTHER DRIVER 2:

Name:

Number:

Insurance Provider:

Policy Number:

Tickets Written:

Passenger's Names:

Passenger's Names:

Passenger's Numbers:

Passenger's Numbers:

Driver's Injuries:

Passenger's Injuries:

WITNESS 1:

Name:

Number:

WITNESS 2:

Name:

Number:

POLICE: Y/N

Name:

Badge Number:

MEDICS: Y/N

Vehicle Number:

FIRE: Y/N

Vehicle Number: