

Motorcycle Accidents

Name _____

Date of Birth _____ Marital Status S M W D

If married, Spouse's Name _____

Address _____

Telephone Home _____ Cell _____ Work _____

When/where is best time to reach you? _____

Date of Accident (approximate time if known) _____

Location of Accident _____

Adverse Driver(s) _____

Brief Description of Accident _____

Your injuries _____

Did you go to the ER? YES _____ NO _____

Did you go to the ER via ambulance? YES _____ NO _____

Were police called to the scene? YES _____ NO _____

If so, do you have a copy of police report? YES _____ NO _____

If not, do you know what Police or Sheriff's department (or Florida Highway Patrol) came to the scene?

Anyone receive a citation in accident? YES _____ NO _____

If yes, do you know what citation(s) were for? _____

Your Healthcare Insurance information: _____

Adverse Insurance Company information: _____

Any other attorney involved? YES _____ NO _____