

TRAFFIC ACCIDENT INFORMATION FORM

IMPORTANT INFORMATION

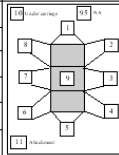
1. If you are injured, seek medical care *immediately*.
2. Call The Southern Law Group, P.C. toll-free immediately for free consultation: 877-822-7800.
3. Take photographs of the accident if you can.
4. Don't assume that the police officer will write the names of the other parties. Quite often the *witnesses* are not written down. Be sure to get their names and telephone numbers.
5. Be totally honest and tell the truth to law enforcement officer investigating the accident.
6. You are under no obligation to talk to the insurance adjuster of the other party.
7. We suggest that you talk to your attorney before talking to your own insurance adjuster.

GENERAL INFORMATION

Date	Time	County	City	Location (Street Name)	Case Number (if Available)
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YOUR INFORMATION (If more than one vehicle, write their information on the **back** of this form.)

Driver Name		Address			
City		State	Zip		Phone
Date of Birth	Race	Sex	Driver's License State	Driver's License Number	
Employer					
Insurance Company/Name					
Vehicle Year	Make	Model	Body	VIN	Tag Number
					Tag State



VICTIMS (Who Was Hurt / Taken to the Hospital)

Name	Address	City	State	ZIP	Taken To
Name	Address	City	State	ZIP	Taken To
Name	Address	City	State	ZIP	Taken To

DIAGRAM (Draw a Diagram of What Happened)

NARRATIVE (Tell Briefly What Happened)

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WITNESSES & OFFICER INFORMATION

Witness	Address	City	State	ZIP	Taken To
Witness	Address	City	State	ZIP	Taken To
Officer Name	Officer ID	Officer Name	Officer ID		

The completion of this form and it's receipt by the Southern law Group, P.C. does not constitute an attorney/client relationship.