

ACCIDENT FACTS

Date _____ Time _____

Location _____

Weather Conditions _____

1. Identify all *other* drivers involved:

Driver Name _____

Driver Address _____

Driver Phone _____

Driver's License # _____

Social Security # _____

Employer(s) _____

Company Name _____ Address _____

2. Owner(s) of other car(s) if not the driver:

Name _____

Address _____

Phone _____

Driver's License # _____

3. Passengers:

Name _____

Address _____

Phone _____

4. Insurance (other drivers & owners):

Company _____

Policy No. _____

Name/Address of Agent: _____

Agent's Phone _____

5. Describe the accident:

ACCIDENT DIAGRAM

6. Identify other cars and damage:

Plate # _____ Make _____

Color _____ Year _____

Model _____

Show Damage

Front
Rear

**ROWLEY CHAPMAN
BARNEY & BUNTROCK, LTD.**

ATTORNEYS AT LAW

63 East Main Street, Suite 501
Mesa, Arizona 85201

(480) 833-1113

www.azlegal.com

You just had an

Auto Accident

What to do now!

KEEP THIS IN YOUR GLOVE COMPARTMENT



ACCIDENTS & INJURIES

KEVIN J. CHAPMAN

**ROWLEY CHAPMAN
BARNEY & BUNTROCK, LTD.**

ATTORNEYS AT LAW

WHAT YOU NEED TO KNOW

Must I Give a Statement? To my insurance carrier? Generally, yes. To the other driver's carrier? Not without first discussing it with an attorney.

What Damages Can I Collect? Car repairs, car rentals, loss of wages, medical bills, pain and suffering and other damages including permanent injuries, scars, future health care and sometimes the damage to a spousal relationship. Damages are complicated and you must document them with records, bills, wages loss information, etc.

Can I Collect from More than One Policy? This is referred to as stacking of policies. You may be able to collect from two or more auto policies for the same accident, whether they be from your insurance company or the other driver's company. You should check with an attorney.

What About Seat Belts? Wear them! They do save lives and reduce injury. In Arizona, front-seat passengers and drivers must buckle up! In addition, a driver riding with a child under five years of age must restrain the child in a child passenger restraint system. You will be cited if a child is not properly restrained or if a front-seat passenger 16 years of age or under is not restrained. In Arizona, your damages from injury can be reduced if the defense can prove by expert testimony that your injury was enhanced by failure to wear a seat belt.

PERSONAL INJURIES

What is Bodily Injury Liability? This insurance coverage provides essential protection against financial loss should your car injure or kill others and you are held liable. It includes bail bond expenses, defense of all lawsuits and court and other costs. Your policy will state the maximum amount available under this coverage.

What is Medical Payment Coverage? It pays medical, dental, hospital and funeral expenses for you, household relatives and guest passengers injured in a motor vehicle accident. It also protects you and household relatives in other vehicles or if struck as pedestrians. You can collect "med-pay" no matter who is at fault. Many health insurance policies, however, claim a right to reimbursement on a "lien" against any med-pay you receive or from payments you receive from the driver at fault or his

carrier. These so-called liens can be challenged. If you were a passenger and your driver has med-pay coverage, you can submit your bills for reimbursement of your reasonable and necessary health care. If the other driver is uninsured and you submit a med-pay claim to your car insurance company, many carriers are now deducting med-pay payments from your uninsured motorist injury settlement.

What is Uninsured Motorist Coverage? It pays damages that you, household relatives and passengers in the insured vehicles are legally entitled to recover because of bodily injury or death caused by uninsured or hit-and-run motorists. Your policy will state the maximum amount available under this coverage.

What is Underinsured Motorist Coverage? It pays damages that you, household relatives and passengers in your insured vehicle incur as a result of accidents with motorists who have insurance coverage with limits lower than the damages suffered by you. Your policy will state the maximum amount available under this coverage.

PROPERTY DAMAGE

What is Property Damage Liability? It pays when you are legally liable for damage to the property of others caused by your vehicle up to the limit selected, plus the cost of any legal expenses.

What About Damage to My Car? You can have your car towed to a repair shop or dealer of your choice. If you carry collision coverage, your insurance company must repair your vehicle and pay 100% of the damage, minus your deductible. Your company must then pursue the other driver to recover your deductible. If the other driver is insured, you can demand payment from his carrier instead of using your own carrier and paying your deductible. They will try to deduct from the damages owed your percentage of fault for the accident. This is called "comparative negligence." It is not scientific. It can be negotiated. If the repair estimate by either insurance company is too low, you can get a second and third estimate. If there is undiscovered or hidden damage you can demand what is known as a supplement appraisal and payment from the carrier.

What is Comprehensive Coverage? It pays for loss or damage to your vehicle caused by fire, theft, vandalism, hail, windstorm, riot, falling objects, or flood.

What is Collision Coverage? It pays for loss or damage to your vehicle caused by collision with another vehicle. Payment is made on an actual cash value basis for the amount of each loss above the deductible selected.

Who Pays for My Rental Car? This is generally controlled by your policy language and coverage. The other driver's carrier is not obligated to provide you a rental up front – but most will if you provide them with the police report and there is no dispute about fault for the accident. Keep your rental car receipts and submit them as part of your claim for damages.

WITNESS STATEMENTS

List all witnesses (even if police have the names)

Police Officer _____ Badge No. _____

Name _____

Address _____

Phone: Home _____ Work _____

Name _____

Address _____

Phone: Home _____ Work _____

Name _____

Address _____

Phone: Home _____ Work _____

Describe what you saw. Please sign and date your statement.

By _____ Date _____

By _____ Date _____
