

Auto Accident Form

Compliments of

Cellino & Barnes

PERSONAL INJURY ATTORNEYS

1. Accident Information

- Date of accident:
- Time of accident:
- Street location/intersection:

2. Other driver information

- Name:
- Address:
- Driver's license #:
- Lisence plate #:
- Owner of vehicle:
- Insuranace company:

3. Witness information

- Name:
- Address:
- Phone number:
- License plate #:
- Statement(s):

4. Statements made by the other driver:

Our Attorneys are Available 24/7 for a Free Consultation

Call 8

www.**CellinoandBarnes**.com
(800) 888-8888

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