

# GLOVE COMPARTMENT ACCIDENT GUIDE

# FREE CONSULTATION!

## WE HANDLE THE FOLLOWING TYPES OF ACCIDENTS:

- ★ auto accidents
- ★ motorcycle accidents
- ★ commercial truck / bus accidents
- ★ wrongful death cases
- ★ dog attacks

**CALL 24/7** - Emergency, House & Hospital Calls

We will handle your claim which includes Property Damage, Car Rental, Medical Bills, Wage loss and Pain and suffering settlement.

We will tell you which insurance coverage applies to this accident and what compensation you are entitled to.

We will help you deal with the insurance company and make sure that you are treated fairly.

## 45 YEARS EXPERIENCE IN HELPING ACCIDENT VICTIMS



1700 WEST AVENUE K LANCASTER, CA 93534

[help@kuzyklaw.com](mailto:help@kuzyklaw.com)

## Accident Facts Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Location: \_\_\_\_\_  
\_\_\_\_\_

You were traveling: \_\_\_\_\_

Other car traveling: \_\_\_\_\_

Name of other driver: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

License Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

How many people in your vehicle: \_\_\_\_\_

Describe accident briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Damage to other vehicle: \_\_\_\_\_  
\_\_\_\_\_

(BRING THIS FORM WITH YOU)

## Accident Reporting Guide

1. Stop, call local police and cooperate with them. Give only facts, not opinions. DO NOT ADMIT FAULT.
2. Exchange information with other driver.
3. Fill out accident facts form.
4. Call **KUZYK LAW** immediately and let us contact the insurance companies and handle your claim.
5. Have a medical check-up. If medical problems develop later it will be hard to connect them to the accident.
6. DO NOT SIGN ANYTHING!
7. You have the right to consult an attorney as soon as possible. Call **KUZYK LAW** and let us protect your rights.



**(661) 945-6969**

**DON'T LET THE  
INSURANCE COMPANY  
ADD INSULT TO INJURY**