

# MOTORCYCLE ACCIDENT CHECKLIST

Courtesy of the Law Offices of Raymond L. Henke  
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## INFORMATION FROM OTHER DRIVER

PERSONAL	VEHICLE
Name _____	Make _____
Address _____	Model _____
City _____	Year _____
State _____	License Plate # _____
Telephone # _____	State _____
Driver's Lic. # _____	*Note any statements of other driver regarding circumstances or cause of accident.
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## OTHER DRIVER'S INSURANCE INFORMATION

Name of Insurance Company _____
Policy # _____ Effective Date of Policy _____
Stated Name of Insured _____
Insured Vehicle _____
Address _____
Telephone# _____

\*Gather some information if other vehicle is a rental vehicle. Substitute rental car agency for insurance company, rental contract # for policy #, etc., ensure that actual driver of vehicle is listed on the rental contract.

**LOCATION OF VEHICLES TOWED**

Your bike towed to \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Tow Driver Name \_\_\_\_\_  
Other driver's vehicle towed to \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Tow Driver Name \_\_\_\_\_

**AMBULANCE/HOSPITAL INFORMATION**

Ambulance Service \_\_\_\_\_  
Hospital \_\_\_\_\_  
Emergency Room Physician \_\_\_\_\_  
You (check one) \_\_\_ Admitted \_\_\_ Treated and released  
Other Driver (check one) \_\_\_ Admitted \_\_\_ Treated and released