

## Bicycle Accident Information

- Description of what happen
- Date and time of accident
- Location of accident
- Street you were traveling on and direction of travel
- Street at-fault driver was traveling on and direction of travel
- Were you riding on the street or sidewalk at the time of the collision?
- Were you rising in a crosswalk at the time of the collision?

**Police Report:** If there was a police report, we need the report number, police station location & telephone number

**Surveillance Video:** Is it possible that the bike accident was captured by any surveillance video cameras from adjacent residences or business? If yes, we need to secure a copy of the video footage before it is recorded over. Surveillance footage can be critical in a disputed liability case.

### You

- Name
- Address
- Telephone Number
- Email Address
- Date of Birth

### Your Bike

- You bike's make and model
- Description of any damage to your bike (including location of the damage)
- Is your bike repairable? Have you gotten a repair estimate?
- Approximate date or year purchased
- Approximate purchase price

**Bike Safety Gear:** Were you using any bike safety gear at the time of the accident?

- Helmet?
- Goggles?
- Reflective clothing?
- Bicycle lights?
- What color was the clothing you were wearing?

## Your Insurance

- Do you have health insurance? Name of health insurance company
- Do you have auto insurance? (Your auto insurance may apply to the bike accident)
  - Insurance company's name
  - Policy number
  - Telephone number
  - Do you have uninsured motorist coverage? Policy limit?
  - Do you have medical payments coverage? Policy limit?

## Information on the At-Fault Party

- Name
- Address
- Telephone number
- Date of birth
- Driver's license number
- At-Fault driver's vehicle: Year, make, model, license plate number
- Any damage to At-Fault driver's car?
- Location of damage on At-Fault driver's vehicle
- At-Fault driver's auto insurance company:
  - Name
  - Policy or claim number
  - Insurance adjuster's name
  - Telephone number

**Witnesses:** If there were any witnesses to the accident, we need their name, address & telephone number

**Injuries:** All injuries you suffered as a result of the accident

**Medical Providers:** Name, telephone number, and dates of treatment for every medical provider you have treated with as a result of the bicycle accident

**Lost Wages:** If you had to miss work or will miss work because of your injuries from the bike accident, we will ask your employer to provide documentation in support of your loss of earnings claim.

- Employer's name
- Employer's telephone number
- When did you start with the company?
- Job title
- Job duties

- Rate of pay
- Dates you were off work due to the bike accident

**Prior injury claims:** Before this bicycle accident, have you ever made an injury claim? If yes:

- Date of prior injury/accident
- Type of accident
- What injuries did you sustain in the prior accident?
- If you recall: name and type of medical providers you treated with and approximate number of visits

**Photographs:** Did you take any photographs at the scene, of the damage to your bike, or of your injuries? Please e-mail our firm all photos you took.

**Items we will copy at our initial meeting:**

- Your driver's license
- Your car insurance "declarations page" (the page that states your policy limits)
- Your health insurance card
- Your Medicare or Medi-Cal card, if you are enrolled in either program

