

RIZKLAW.COM

## Dealing with a Traffic Accident

*What to Do (And What NOT to Do)  
When You're in an Accident*

© 2012

Richard Rizk, Attorney at Law

# RIZKLAW.COM

[ Richard Rizk, Attorney at Law ]

Ph: 503-245-5677 | rich@rizklaw.com | Fax: 503-427-1919

## ***I Was in an Auto Accident in Oregon — I Should Not...***

### **A. Give a recorded statement to the other insurance company without first seeking legal advice from a qualified attorney.**

Insurance companies are businesses whose job it is to pay as little as possible for each claim. While an insurer has a right to investigate losses, claims examiners are trained to ask threshold questions that will limit or bar your claim-without you even realizing it. Richard Rizk was trained by insurance companies and their law firms and he is aware of common traps. Call him before calling the other insurance company.

### **B. Try to settle your claim before you know your damages.**

Insurance Companies know that claims generally get more expensive with time. So, they offer small dollars right away to limit their exposure. Your claim is not a race — wait until you know the extent of your injuries before discussing settlement. Otherwise you risk settling short. Richard Rizk will help you maximize your claim in as little time as possible. Call him at 503-245-5677 or email him at rich@rizklaw.com today.

### **C. Leave the scene of an accident injury crash until after police say you can leave.**

Only leave the scene of a non-injury accident after exchanging with the other driver your name, address, driver's license number, and insurer info. Also find out the name of any responding police officers and agencies.

### **D. Move anyone injured.**

Moving an injured person can cause further injury, especially where spinal injury has occurred. Only move a person who is clearly in harm's way.

### **E. Be chatty.**

Even if the accident is your fault, try to be careful of what you say. It can sometimes be very difficult to assess blame while traumatized by impact. And anything you say could be misheard or misinterpreted and used against you later in a lawsuit.

### **F. Get angry.**

Instead, be calm. Answer police officers directly and respectfully. Remember, your actions at the crash site may later be an issue, should the car accident be litigated.

### **G. Offer to pay anyone anything.**

Instead, as soon as you can, call your insurer. Report the claim and get a claim number.

# RIZKLAW.COM

[ Richard Rizk, Attorney at Law ]

Ph: 503-245-5677 | rich@rizklaw.com | Fax: 503-427-1919

## *I Was in an Auto Accident in Oregon – I Should...*

### **A. Stop in a safe area near the accident.**

Once an accident has occurred, finding a spot to pull over safely and out of traffic's way (if possible) can make the rest of the experience much easier to handle.

### **B. Assess accident scene and get safe.**

Don't stay in an area where you could be hurt! Other cars, leaking gas and angry drivers are all potential hazards. Be aware and use common sense to protect yourself and those around you. Notice your injuries and injuries to others. Address them or get help in order of severity.

### **C. Exchange information.**

At the least, you should exchange your name, address, driver's license number, and insurer info with the other party.

### **D. Get professional medical attention right away.**

- Do not delay. Not all injuries are obvious.
- Report all symptoms.
- Make all appointments.
- Follow doctors' orders.
- Call Richard Rizk should you need a medical or chiropractic referral.

### **E. Investigate at the scene by:**

- Taking photos of the accident scene;
- Taking photos of injuries;
- Taking photos of vehicles involved;
- Getting names and contact info of all witnesses;
- Writing down a description of the events preceding and following the car accident.

### **F. File an accident and insurance report form with Oregon DMV within 72 hours if:**

- Damage to the vehicle you were driving is over \$1,500, or
- Damage to any vehicle is over \$1,500 and any vehicle is towed from the scene as a result of damages from this accident, or
- Injury or death resulted from this accident, or
- Damages to any one person's property other than a vehicle involved in this accident is over \$1,500.

You should also download, print, and keep a copy in your glove compartment of the Oregon Traffic Accident and Insurance Report at <http://www.odot.state.or.us>.

### **G. Contact your insurance agent.**

Immediately call, then fax your insurance agent to notify them of the loss. Give just the basic facts: Where, When, Who, and How. The fax will confirm your notice to the agent.

### **H. Hire an attorney with insurance experience.**

Richard Rizk worked for Nationwide Insurance for a decade, with Oregon's largest insurance law firms, and closely with those at the highest levels of the insurance business. Richard now represents persons who present insurance claims. Let his knowledge of the other side help maximize your claim.

# RIZKLAW.COM

[ Richard Rizk, Attorney at Law ]

Ph: 503-245-5677 | rich@rizklaw.com | Fax: 503-427-1919

## Client Intake Form for Auto Accidents

### Client's Personal Information

Date Today: \_\_\_\_\_

Client's Name: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Dependents: \_\_\_\_\_

Owe Child Support?  Yes  No

### Information on Closest Relative

Closest Relative: Is this relative a spouse?  Yes  No

Relative's Address/Telephone: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relative's Phone: \_\_\_\_\_

### Client's Occupation Information

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Describe Job Duties: \_\_\_\_\_

Weekly Gross: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

### Accident Information for Client

Date of Incident: Day: \_\_\_\_\_

Time: \_\_\_\_\_

Name\address of Driver: \_\_\_\_\_

Name\address of Owner: \_\_\_\_\_

Vehicle: Year: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: Registration: \_\_\_\_\_

Insurer and Policy Number: \_\_\_\_\_

Does Client: Own the Car?  Yes  No

Rent the Car?  Yes  No

Lease the Car?  Yes  No

Does client live in a household with a family member who owned and insured a car on the date of accident:  Yes  No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# RIZKLAW.COM

[ Richard Rizk, Attorney at Law ]

Ph: 503-245-5677 | rich@rizklaw.com | Fax: 503-427-1919

Name/address/telephone of Occupants in Client's Vehicle: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

Name/address/telephone of Witnesses: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

## Defendant's Information

Name/address of Driver: \_\_\_\_\_

---

Name/address of Owner: \_\_\_\_\_

---

Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_ Registration: \_\_\_\_\_

Insurer and Policy Number: \_\_\_\_\_

---

Does Defendant own the car:  Yes  No  Not Sure

Rental Company: \_\_\_\_\_

Does Defendant live in a household with a family member who owned and insured a car on the date of accident:  Yes  No

Describe Damage to car: \_\_\_\_\_

---

Estimate to Repair Vehicle: \$ \_\_\_\_\_

Repaired:  Yes  No

Estimate:  Yes  No

Broken glass:  Yes  No

Car towed:  Yes  No

Photos:  Yes  No

## Medical Information

Ambulance on scene:  Yes  No

If so, what company? \_\_\_\_\_

# RIZKLAW.COM

[ Richard Rizk, Attorney at Law ]

Ph: 503-245-5677 | rich@rizklaw.com | Fax: 503-427-1919

At the time of the accident, was there any blood:  Yes  No

What parts of client's body are injured: \_\_\_\_\_

\_\_\_\_\_

When did client first go to hospital? \_\_\_\_\_

\_\_\_\_\_

What hospital: \_\_\_\_\_

\_\_\_\_\_

How did s/he get there: \_\_\_\_\_

\_\_\_\_\_

What was done: examination:  X-rays  Other: \_\_\_\_\_

Other doctors visited, the addresses and dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical payments (physicians, medications, health care providers, special equipment, etc.): \_\_\_\_\_

Lost wages: \_\_\_\_\_

\_\_\_\_\_

Time out: \_\_\_\_\_

\_\_\_\_\_

Other loss: \_\_\_\_\_

\_\_\_\_\_

How pain & injury limits activities: \_\_\_\_\_

\_\_\_\_\_

Other symptoms: (irritability, nausea, headache, stress, inability to move body parts, insomnia, etc.): \_\_\_\_\_

\_\_\_\_\_

Physical condition prior to accident: \_\_\_\_\_

\_\_\_\_\_

Prior physical problems: \_\_\_\_\_

\_\_\_\_\_

Family physician/health care provider (name, address, telephone number): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Additional Information

Is client on:  Medicare  Medicaid  Worker's Compensation  Social Security

Disability Insurance  Health Insurance

Please note, these agencies place liens on your file which may make your case more difficult to settle and which will have to be repaid.

Previous claims/lawsuits/auto-accidents/injuries/worker's comp claims:  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

# RIZKLAW.COM

[ Richard Rizk, Attorney at Law ]

Ph: 503-245-5677 | rich@rizklaw.com | Fax: 503-427-1919

## Diagram of Accident