

INFORMATION WE NEED IF YOU'VE BEEN INJURED IN A BICYCLE ACCIDENT

The more information that you can provide at the time of our initial in-person meeting or telephone consultation, the sooner we can get started moving towards a resolution of your claim. Below is a list of the categories of information we will be asking you about. If you don't have all of the information available, you can provide it later. Just know that you and our firm will be working as a team; the more information you can give us at the get-go, the faster we can get moving to resolve your case.

Bicycle Accident Information

- 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 riding in a crosswalk at the time of the collision?
- Description of what happened
- Is fault disputed?

Scene Photographs: Send us any photos you took at the scene.

Police Report: If there was a police report, we need the report number and police station location.

Surveillance Video: Is it possible that the bike accident was captured by a surveillance video camera from adjacent residences or businesses? 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
- Photo of your driver's license

Your Bike

- Your bike's make and model
- Description of any damage to your bike (including location of the damage).
Send photos.
- Is your bike repairable? Have you gotten a repair estimate?
- Approximate date or year purchased
- Approximate purchase price. Send us the receipt if you have it.

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

- Helmet? Scuffed or dented? Send photos.
- Reflective clothing?
- Bicycle lights?
- Color of the clothing you were wearing?

Your Insurance

- Do you have health insurance? Name of health insurance company and photo of health insurance card
- Do you have auto insurance? (Your auto insurance may apply to the bike accident if you were hit by a vehicle.)
 - Insurance company's name
 - Policy number
 - Telephone number
 - Do you have uninsured motorist coverage? Policy limit? We need this information even if the at-fault party had auto insurance. Reason: if the at-fault driver did not have enough insurance to cover the value of your claim, you may be able to make an "underinsured" motorist claim

under your own policy after collecting the at-fault driver's policy limit. Making such a claim will not affect your premiums whatsoever. Even though you were on a bike, the coverage could apply if you were hit by a vehicle.

- Do you have medical payments coverage? Policy limit?

Information on the At-Fault Party

- Name
- Address
- Telephone number
- Date of birth
- Driver's license
- At-fault driver's vehicle: Year, make, model, license plate number
- Any damage to at-fault driver's car? Photos?
- Location of damage on at-fault driver's vehicle
- At-fault driver's auto insurance company, including policy or claim 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. Send photos of any visible injuries.

Medical Providers: Name, telephone number, and dates of treatment for all medical providers 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