CRISIS RECORDS CHECKLIST

A. AUTO INSURANCE POLICY INFORMATION

i. Company name/Policy number _____

ii. Agent's/Adjuster's name and contact numbers _____

iii. Claim number _____

B. HEALTH INSURANCE POLICY INFORMATION

i. Company name/Policy number _____

ii. Contact information _____

iii. Username and password _____

C. PHYSICIAN NAMES _____

_____

_____

D. ATTORNEY NAME _____

E. WITNESS NAMES AND CONTACT INFORMATION _____

_____ _____

_____ _____

F. NOTES (IMPORTANT EVENTS, DATES, PEOPLE, ETC.) _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____