FREE ORGANIZER

Crash journal and medical bills organizer

One place to keep what happened, how you feel, who you saw, what it cost and who you talked to. Print it, fill it in by hand, and keep it with your documents.

INSIDE

1. Crash details and people involved
2. Symptom and pain log
3. Medical visits
4. Medical bills and payments
5. Missed work and other costs
6. Insurance and contact log
7. Document checklist

HOW TO USE IT

- [ ] Fill in details as soon as you can. Dates and times matter.
- [ ] Write facts, not opinions or guesses.
- [ ] Add a line every day you have pain, a visit, a bill or a call.
- [ ] Staple receipts and bills behind the matching page.
- [ ] Make a phone photo of each page now and then as a backup.

MY INFORMATION

Name _____ Date of crash _____

Phone _____ Police report no. _____

General information, not legal advice. CrashFirst is not a law firm and does not give legal advice or recommend an attorney. **Attorney review pending.** You never pay CrashFirst.

Crash details

Fill in what you know. Leave the rest blank; you can add later.

Date _____ Weather _____

Time _____ Road (wet, dry, construction) _____

Street / intersection _____ Light (day, dark, lights on) _____

City, county _____ Speed limit _____

WHAT HAPPENED, IN ORDER

_____

_____

_____

_____

PEOPLE AND VEHICLES

NAME	PHONE / ADDRESS	VEHICLE AND PLATE	INSURER AND POLICY NO.	ROLE (DRIVER, PASSENGER, WITNESS)

Officer and badge no. _____ Report number _____

Agency _____ Photos / video taken (where stored) _____

Symptom and pain log

Write a line each day something hurts, changes or limits you. Pain scale: 0 none, 10 worst.

DATE	WHERE IT HURTS / SYMPTOM	PAIN 0-10	WHAT I COULD NOT DO (SLEEP, WORK, DRIVE, LIFT)	MEDICATION / TREATMENT

Medical visits

Every visit: ER, urgent care, doctor, therapy, imaging, pharmacy.

DATE	PROVIDER / FACILITY	TYPE	REASON / WHAT WAS FOUND	NEXT STEP / FOLLOW-UP DATE

Keep after-visit summaries, discharge papers and referral notes with this page.

Medical bills and payments

One line per bill. Ask each provider for an itemized statement.

DATE OF SERVICE	PROVIDER	BILLED	HEALTH INS. PAID	I PAID	BALANCE	BILL / ACCT NO.

Totals	**Billed:**	**Insurer paid:**	**I paid:**	**Balance:**

Missed work and other costs

Track lost time and out-of-pocket costs with the receipt kept.

MISSED WORK

DATE(S)	HOURS MISSED	PAY LOST	EMPLOYER CONTACT	NOTE (DOCTOR EXCUSE, PTO USED)

OTHER COSTS (RIDES, PRESCRIPTIONS, REPAIRS, RENTAL CAR, CHILD CARE, MEDICAL SUPPLIES)

DATE	WHAT IT WAS	AMOUNT	PAID TO	RECEIPT KEPT?

Total missed-work pay lost _____ Total other costs _____

Insurance and contact log

Every call, email or letter with an insurer, employer, provider or anyone else about the crash.

DATE / TIME	WHO (NAME, COMPANY, ROLE)	CLAIM NO.	PHONE / EMAIL	SUMMARY: WHAT WAS SAID OR SENT	FOLLOW-UP DUE

Tip: after a phone call, write what was discussed straight away, and note any dates or deadlines the other person mentioned.

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Document checklist

Check off what you have in your folder.

- [ ] Police report (number: _____)
- [ ] Photos and video of the scene and vehicles
- [ ] Photos of injuries over time
- [ ] Witness names and contacts
- [ ] Repair estimates / total-loss paperwork
- [ ] Rental car and towing receipts
- [ ] My insurance card and policy declarations page
- [ ] Other driver insurance information
- [ ] ER / hospital records and discharge papers
- [ ] Doctor, specialist and therapy notes
- [ ] Imaging reports (X-ray, MRI, CT)
- [ ] Prescription receipts
- [ ] Itemized medical bills and EOBs from my health plan
- [ ] Pay stubs and employer letter on missed work
- [ ] Letters or emails from any insurer
- [ ] This journal, filled in

WHO TO CALL IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS

This journal records facts; it cannot tell you what to do about a claim. Questions about deadlines, fault or settlement are for a licensed attorney in your state. Deadlines differ by state and can be short. Our free deadline explainer covers Tennessee only; ask a licensed attorney in your state about yours.

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