



When a Car Hits You

A guide for cyclists, pedestrians, and vulnerable road users after a “minor” crash

April 2026
thewhiteline.org

Contents

Right Now: Do These Things First	5
Foreword	6
Start Here: 5 Things to Know Right Now	7
1 • When the Crash Happens	9
1.1 At the Scene: Make This Crash Count	9
1.2 Calling 911: And What to Do When They Push Back	9
1.3 If the Driver Doesn't Stop.....	10
1.4 What to Say (and Not Say) at the Scene.....	11
1.5 If the Driver Wants to “Handle This Between Us”	11
1.6 If the Driver Is Aggressive at the Scene	12
1.7 Photograph Everything.....	13
1.8 Preserve Digital Evidence: GPS, Fitness Trackers, Cameras	13
1.9 Social Media Silence: Starts Now	14
1.10 The First 24 Hours: Get Checked Out.....	14
1.11 Worried About the Cost of Going In?.....	15
1.12 The First 24 Hours: Write Everything Down	16
1.13 Days 1–7: Insurance, Police Report, Symptom Journal.....	16
1.14 What to Tell Your Employer	17
1.15 What to Tell People	17
2 • Your Body: What “Walking Away” Actually Means	19
2.1 Injuries That Hide: What to Watch For	19
2.2 Traumatic Brain Injury: The Injury You Don't Know You Have.....	20
2.3 When “Minor” Turns Out Not to Be Minor	21
2.4 Building a Medical Record That Protects You	22
3 • The Accountability Gap	23
3.1 The Bias You're Already Feeling	24
3.2 Why the System Struggles With “Minor” Crashes	25
3.3 Asking the System to Engage: Getting a Citation, Getting Charges.....	26
3.4 Criminal Charges: What's Possible and What's Realistic	26
3.5 Your Role: Lead Advocate for Your Own Case.....	27
3.6 Key People and What They Do	27
3.7 When the Crash Was Intentional: Road Rage.....	28
3.8 When the System Gives You Nothing	28
3.9 Victim Impact Statements: Your Voice, Even in a Misdemeanor	29
3.10 Monitor the Driver's Social Media.....	29
3.11 Your Community's Role	30
4 • Money and Insurance	31
4.1 Track Every Dollar from Day One.....	31

4.2	How Money Actually Works After a Minor Crash.....	33
4.3	Your Car Insurance Follows You, Not Your Car.....	34
4.4	The Danger of Early Settlement	36
4.5	Do You Need a Lawyer?	36
4.6	How to Find and Vet a Lawyer	37
4.7	Insurance You May Not Know You Have.....	38
4.8	Subrogation: When Your Health Insurer Wants Its Money Back	39
4.9	When the Vehicle Was Commercial	39
4.10	Workers' Comp and Commuter Crashes.....	40
4.11	Tax Implications of Settlements.....	40
4.12	When the Survivor Is a Child	40
5	• Protecting Your Case.....	42
5.1	The Ongoing Social Media Protocol	42
5.2	Helmet and Comparative Negligence: What They'll Use Against You.....	42
5.3	Language Discipline: Crash, Not Accident	43
5.4	What Not to Say to Insurance, Police, or Anyone With a Notepad.....	44
6	• Your Mental Health	45
6.1	The "Grateful to Be Alive" Trap	45
6.2	Anger With Nowhere to Go	45
6.3	When Fear Becomes PTSD.....	46
6.4	When to Seek Help and What Kind.....	47
6.5	If Your Insurance Denies Mental Health Coverage	47
6.6	Anniversary Reactions and Sensory Triggers	48
6.7	The Legal Process as a Trauma Trigger	48
7	• Advocacy: Turning a Bad Day Into a Safer Tomorrow	49
7.1	Why Your Story Matters More Than You Think	49
7.2	Being Counted: Why Reporting Matters Beyond Your Case.....	49
7.3	Showing Up: City Council, State Legislature, Federal Policy	50
7.4	The Practical Toolkit: Meetings, Testimony, One-Pagers.....	50
7.5	Using Media to Advance Your Cause	51
7.6	Getting Started: Contact The White Line	51
8	• Getting Back on the Road	52
8.1	The Psychology of Returning	52
8.2	Graduated Exposure: A Practical Approach	52
8.3	When Fear Doesn't Fade: Clinical Options	53
8.4	New Routes, New Rituals, New Normal.....	53
	Appendix	54
	Appendix A: Glossary of Legal Terms.....	55
	Appendix B: Documentation Checklist	57
	Appendix C: Symptom Journal Template	58
	Appendix D: Colorado-Specific Legal Guide	59

Appendix E: Scripts: Exact Words for Difficult Conversations 62
Appendix F: Language Access and Non-English-Speaking Survivors 63

Right Now: Do These Things First

You were just hit by a car. Read only this page right now. Everything else can wait.

1. **Don't say "I'm fine."** Say: "I'm not sure. I need to be checked out."
2. **Call 911.** Say: "I was struck by a motor vehicle. I need an officer and a report."
3. **Don't let the driver leave** without getting: name, license plate, phone number, insurance card. Photograph all of it.
4. **Get witness names and phone numbers** Get this information now, before they walk away.
5. **Photograph everything:** your injuries, the vehicle, the scene, the license plate, your bike.
6. **Do not say "it was my fault."** Do not apologize. State only facts.
7. **Text someone:** "I was hit by a car. I'm at [location]." Don't drive yourself anywhere.
8. **If the driver has no insurance:** Get their name, license plate, and phone number anyway. Your own auto insurance may cover you (see Section 4.7). Photograph their license and plates.

If you feel dizzy, confused, or like you might pass out: sit down and call for an ambulance. You can read the rest of this guide later. This is what matters right now.

How to Use This Guide

This guide is 50+ pages. You do not need to read all of it right now. Here is what to read and when:

When	What to Read	Time
In the first 30 minutes	Right Now checklist (this page) + Start Here	5 minutes
In the first 24 hours	Sections 1.1–1.8 (at the scene, evidence, first medical visit)	15 minutes
In the first week	Sections 1.9, 2, 4.1–4.3 + the emotional acknowledgment section	30 minutes
Before talking to any insurance company	Sections 4.4 and 5.4 (early settlement danger, what not to say)	10 minutes
If the system isn't taking this seriously	Section 3 (the accountability gap)	20 minutes
When you're ready	Sections 6, 7, and 8 (mental health, advocacy, returning to the road)	At your own pace

Foreword

This is the guide we wish someone had handed us the day we learned that not every crash ends in a funeral, but not every survivor walks away whole.

We started The White Line after our son Magnus was killed by a driver while training on his bicycle in July 2023. In the months that followed, we built a guide for families who lose someone on the road. But we kept hearing from another group of people: cyclists, pedestrians, and skaters who were hit by a car and survived. They walked away from the scene, or limped away, or rode home on a bent wheel. And then they discovered that “walking away” was just the beginning.

They told us about injuries that didn’t show up for days. About insurance companies that called before the bruises had formed. About anger that had nowhere to go because everyone kept saying “at least you’re okay.” About a legal system that shrugged because nobody died. About the fear of getting back on the bike, and the shame of admitting that fear.

This guide is for them. It is for you.

What happened to you was serious. It does not matter that you survived, that your injuries were “minor,” or that the driver’s insurance company thinks you should be grateful. You were hit by a car. You have the right to be angry. You have the right to be afraid. You have the right to protect yourself legally and financially. And you have the right to turn what happened to you into something that keeps it from happening to someone else.

Use what helps. Set aside what doesn’t. Come back when you’re ready.

With love and solidarity,

Jill & Michael White

Founders, The White Line

Parents of Magnus White



IMPORTANT: This guide is not legal, financial, or medical advice. It reflects the personal experiences and lessons of crash survivors and the families who support them, combined with research from medical, legal, and advocacy professionals. Every case is different, and laws vary by state and jurisdiction. We share what we learned in the hope that it helps someone else, but please consult qualified professionals for guidance specific to your situation.

Start Here: 5 Things to Know Right Now

1. **You are not “fine.”** Adrenaline masks injuries for hours or days. Get checked out even if you feel okay. Do not trust how your body feels right now.
2. **Write everything down.** What happened, who was there, what the officer said, what hurts. Details vanish; paper remembers.
3. **Do not tell the insurance company you’re okay.** Do not give a recorded statement. Do not sign anything. Say: “I will respond once I’ve spoken with an attorney.”
4. **Photograph everything.** Your body, your bike, the scene, the car, the driver’s plates, their insurance card. Photos are evidence. Take them now.
5. **You did nothing wrong.** No matter what anyone implies, no matter what the officer says at the scene, no matter what the driver’s insurance company suggests later: you had every right to be on that road.

If You Need Help Right Now

Service	How to reach
988 Suicide & Crisis Lifeline	Dial 988 or chat at 988lifeline.org
Crisis Text Line	Text HOME to 741741

Save these numbers to your phone now. In a crisis moment, you won’t hunt for them.

What You May Be Feeling Right Now

You may be in shock. You may be furious. You may feel numb, confused, strangely calm, or desperate to believe this wasn’t a big deal. You may want to minimize what happened and move on with your day. You may feel all of these at once, or nothing at all.

All of these responses are normal. None of them are weakness. None of them are overreaction. Your body and brain just went through a violent event, and they are doing what they are designed to do.

If you feel completely fine right now, that is also normal. It does not mean you are fine. Adrenaline is a powerful drug: it masks pain, suppresses inflammation, and creates a temporary sense that everything is okay. This chemical mask can last 24–48 hours. What you feel right now is not a reliable indicator of what happened to your body. The steps in this guide exist because of that gap between how you feel and what is actually going on.

You may also feel the urge to downplay what happened, to apologize for being in the way, to tell everyone you're okay so they stop worrying. That impulse is one of the most common and most dangerous responses to a crash. It leads to missed medical visits, lost evidence, and insurance claims that collapse because the record says you were "fine." Wanting to minimize is normal. Acting on it can hurt you.

If you need to talk to someone right now: call 988 (Suicide & Crisis Lifeline) or text HOME to 741741 (Crisis Text Line). Section 6 covers your emotional health in depth.

For now: you are allowed to feel whatever you feel. And you are allowed to take this seriously, even if no one around you seems to.

1 • When the Crash Happens

You were just hit by a car. Your heart is pounding. Bystanders are gathering. The driver may be standing over you asking if you're okay. Your first instinct is to say "I'm fine," stand up, brush yourself off, and get out of everyone's way. That instinct is wrong, and following it is the single most common mistake crash survivors make.

This section is about the first week after a crash. It is not about healing; it is about protecting yourself. There are a small number of things that, if done now, will protect you later: legally, financially, and emotionally. Everything else can wait.

1.1 At the Scene: Make This Crash Count

Here is something most people do not realize: in a large percentage of crashes involving cyclists and pedestrians, the police are never called. The driver asks if you're okay, you say yes, you exchange a few words or maybe insurance information, and you go your separate ways. No police report. No record. No data point. No accountability. It is as if the crash never happened.

This is a disaster for three reasons. First, without a police report, you have no official record of the crash. If your injuries turn out to be worse than you thought (and they very often do), you have no documentation to support an insurance claim or a lawsuit. Second, the driver's version of events changes once they get home and talk to their insurer. The person who admitted fault at the scene will suddenly claim you ran a red light. Third, every unreported crash is a crash that doesn't exist in the statistics, which means the intersection doesn't get flagged, the infrastructure doesn't get funded, and the next person gets hit in the same spot.

Getting hit is serious, even if you are "okay." Every time a car hits a vulnerable road user and both parties walk away, that was a near-death experience. You were split seconds away from a different outcome. Letting it go perpetuates the problem.

Do This Now: Call 911 after every crash involving a motor vehicle, no matter how minor it seems. A police report is the foundation of everything that follows: your insurance claim, your legal case, the infrastructure improvements that prevent the next crash. Without it, you are invisible.

If the driver tells you they don't have insurance: do not panic, and do not let them leave. Get their name, license plate, phone number, and driver's license number. Photograph everything. A police report is critical in uninsured driver cases. Your own auto insurance may cover you through UM/UIM coverage, even if you were on a bicycle. See Section 4.7 for details.

1.2 Calling 911: And What to Do When They Push Back

When you call 911 after a crash where you're conscious and standing, dispatch may follow a standard script that deprioritizes calls reporting no visible injuries ("If there are no injuries, we don't typically respond."). It's important to politely but firmly request a response anyway. You are not qualified to assess your own injuries at the scene; adrenaline is masking them. A crash between a motor vehicle and a vulnerable road user is fundamentally different from a fender-bender. Letting the dispatcher know you've been struck while on a bike or on foot helps them route the call correctly.

- **What to say to 911:** *"I was struck by a motor vehicle while [cycling/walking/skating]. I need an officer to respond and take a report. I may have injuries that I cannot assess right now."* If they push back, add: *"I am requesting that an officer be dispatched. I want this crash documented."*
- **If police do not respond to the scene,** go to the nearest police station within 24 hours and file a report yourself. Bring your photographs, the driver's information, and your written account. Ask for the report number and a copy.
- **If the officer arrives and declines to write a report,** ask for their name and badge number, and ask them to explain why in writing. Then file the report at the station yourself. Some jurisdictions allow online reporting for non-injury crashes; check your local department's website.

Tip: Some departments may decline to respond to crashes with no visible injuries or significant property damage, regardless of how you frame the request. If 911 will not send an officer, go to the station in person within 24 hours.

If you cannot or choose not to call police: We strongly recommend calling 911 after every crash. But we recognize that some survivors, including undocumented individuals, people with prior trauma involving law enforcement, or those in jurisdictions with documented hostile police responses to cyclists, may decide not to call.

If that is your situation, protect yourself by: photographing everything at the scene (damage, intersection, driver's plates, your injuries), going to urgent care or an ER within 24 hours and using the exact phrase *"I was struck by a motor vehicle while cycling/walking at [location] on [date]"*, contacting a personal injury attorney the same day, and writing a detailed account of what happened while your memory is fresh. A police report strengthens your case, but it is not the only path to documentation or recovery.

1.3 If the Driver Doesn't Stop

A hit-and-run is a crime in every state, regardless of injury severity. If the driver who hit you fled the scene, here is what to do immediately:

- **Note whatever you can about the vehicle:** color, make, model, license plate (even a partial plate helps), direction of travel. Say it out loud into your phone’s voice recorder if you can’t write it down.
- **Call 911 immediately.** Report a hit-and-run. This is a criminal matter and police will respond.
- **Get witness contact information.** Bystanders who saw the vehicle leave are critical witnesses. Get names and phone numbers before they walk away.
- **Look for surveillance cameras.** Note any businesses, traffic cameras, or residential doorbell cameras that may have captured the vehicle. Footage is typically overwritten within 24–72 hours. Tell police and your attorney immediately.
- **File the report even if the driver is never found.** The crash data still matters, and your UM/UIM insurance coverage (Section 4.7) may still apply to hit-and-runs.

1.4 What to Say (and Not Say) at the Scene

From the very first conversation with police, bystanders, or the driver, the words you use shape how the world understands what happened. Families and survivors who practice language discipline from the start consistently see stronger cases.

- **Always say “crash,” never “accident.”** Accidents are unavoidable. Crashes have causes. This single word change reframes the entire narrative.
- **Do not say “I’m fine” or “I’m okay.”** Instead say: *“I’m not sure yet. I need to be evaluated.”* The words “I’m fine” become part of the police report and the medical record, and they will be used against you.
- **Do not apologize or accept blame.** Even a casual “sorry, I didn’t see you” can be used against you in an insurance claim. Stick to facts: what happened, where, when. Do not speculate about fault.
- **Collect the driver’s information:** full name, address, phone number, driver’s license number, license plate, vehicle make/model/color, insurance company and policy number. Photograph their license and insurance card.
- **Get witness names and phone numbers.** Witnesses disappear. Get their information before they leave.
- **Get the responding officer’s name, badge number, and incident number.** You will need these to obtain the crash report.

1.5 If the Driver Wants to “Handle This Between Us”

This is one of the most common and most dangerous scenarios after a crash. The driver is apologetic, maybe shaken up themselves, and says something like: “I’m so sorry, let me pay for

everything. We don't need to involve insurance. Can we just handle this between us?" It feels like the best possible outcome. It is not.

- **Do not agree to keep insurance, police, or lawyers out of it.** The driver's out-of-pocket promise is not enforceable. There is no contract, no claims adjuster, and no legal obligation for them to follow through. Once the adrenaline fades and their own costs become clear (the body shop quote, your medical bills, the lost wages), most drivers stop returning calls. Meanwhile, you have no police report, no documented insurance claim, and a rapidly closing window to file one. If your injuries turn out to be worse than you thought (and after a crash, they very often are), you will have no paper trail and no leverage.
- **Be polite but firm.** Say: "*I appreciate that, and I can see you feel bad. But I need to do this the right way for both of us. Let's exchange insurance information and let me get checked out.*" Then call 911 anyway. File the police report anyway. Let their insurance company handle it. You can always choose not to pursue a claim later, but you cannot create a paper trail after the fact.

The driver's apology and willingness to pay are actually valuable, they can be documented and used as evidence of fault. Accepting their insurance information and filing a report does not make you the bad guy. It protects both of you.

1.6 If the Driver Is Aggressive at the Scene

When the driver who just hit you is screaming, blaming, advancing toward you, or threatening you, your goals are: keep yourself physically safe, get everything documented, and do not do anything that turns you into the aggressor in the police report.

- **Do not engage.** Do not yell back, gesture, or make physical contact with the driver, their vehicle, or their belongings. Under road rage statutes in most states, any physical contact you initiate, even a hand on a car door, can expose you to assault charges.
- **Create distance and get visible.** Move away from the driver and toward bystanders, open businesses, or cameras.
- **Call 911 immediately.** Tell the dispatcher: "*I was struck by a motor vehicle and the driver is now threatening me. I need police here now.*"
- **Document without engaging.** If safe, use your phone to record audio or video. Note exact words, physical actions, and whether they advanced toward you.
- **Do not trade information without police present.** If they attempt to leave before police arrive, get their plate number, make, model, color, and direction of travel, even into your phone's voice recorder.

- **Tell police explicitly about the threatening behavior.** Say: “*After the crash, the driver threatened me. I want that documented in the report.*” Threatening behavior after a crash is its own crime, and your documentation of it becomes some of the strongest evidence in your case. See Section 3.7 for the legal consequences.

1.7 Photograph Everything

Your phone is your most important tool at the scene. Take more photos than you think you need. You cannot over-document. Insurance companies and courts rely on photographic evidence, and what you capture in the first hour may be the only visual record that ever exists.

- **Your body:** photograph every visible injury, even small ones. Scrapes, bruises, road rash, swelling. These injuries will change appearance over the next several days. Photograph them again at 24 hours, 48 hours, and one week.
- **Your bicycle and gear:** photograph from multiple angles. Close-ups of impact damage. Bent wheels, cracked frame, torn saddle, broken helmet (a cracked helmet proves your head made contact, which the driver may later deny).
- **The driver’s vehicle:** photograph the area of impact, the license plate, and any damage. If it is a commercial vehicle, photograph the DOT number on the cab door or trailer.
- **The scene:** photograph the intersection or road from multiple angles. Capture lane markings, bike lane paint, traffic signals, stop signs, speed limit signs, sight lines, road surface conditions, debris, and skid marks. Take wide shots showing the overall layout.

Do This Now: Make sure your phone’s location services are on before you start taking photos. The metadata embedded in each photo provides a timestamp and GPS location that is admissible as evidence. This data is automatic and invisible, but it can be the most powerful proof of when and where the crash happened.

Before you leave the scene: Get your bike somewhere safe. If it is unrideable, lock it nearby or ask a bystander or the responding officer to help you secure it. Do not ride home on a damaged bicycle, especially if you may have a head injury.

Call someone to pick you up, a family member, a friend, a rideshare. If your phone is damaged, ask a bystander to help you make a call. Text someone you trust: “*I was hit by a car. I’m at [location]. I need a ride.*” Do not drive yourself if you have any dizziness, confusion, or pain.

1.8 Preserve Digital Evidence: GPS, Fitness Trackers, Cameras

If you were using a cycling computer, GPS watch, fitness tracker, or smartphone app like Strava, Garmin Connect, Wahoo, or Apple Health, your device may contain critical evidence. GPS data creates a timestamped record of your exact route, speed, and location at the moment of impact.

In one case, a cyclist's Strava data showed their speed instantaneously changing from 10 km/h southbound to 35 km/h eastbound at an intersection: the GPS signature of a T-bone collision. The police had initially dismissed the cyclist's account. The attorney used the Strava data to prove fault, and the driver's insurer settled.

Do This Now: Do not close, pause, or delete the ride in your app. Leave the segment open and save it. Export the GPX or FIT file from the app and save it to cloud storage. Email it to yourself. If your cycling computer was damaged, preserve the physical device; data may be recoverable. Tell your attorney you have GPS data as early as possible.

Beyond GPS, fitness trackers and smartwatches (Fitbit, Garmin, Apple Watch, Whoop) track steps, heart rate, sleep, and activity levels. This data creates a compelling before-and-after baseline: a tracker showing 8,000 steps per day before the crash and 800 steps per day after is more persuasive than verbal testimony alone. Sleep disruption data corroborates PTSD claims.

GPS and fitness data is a double-edged sword. If your Strava shows you exceeding a safe speed or riding through a stop sign, the defense will use it. Disclose all fitness data to your attorney before anyone else sees it. Do not delete any data; deletion after a crash can constitute evidence spoliation (destroying or altering evidence, a serious legal violation that carries penalties and can damage your case).

1.9 Social Media Silence: Starts Now

Insurance adjusters and defense attorneys routinely monitor claimants' social media: Facebook, Instagram, TikTok, Strava, Komoot. Monitoring begins the moment a claim is filed, sometimes earlier. They use third-party monitoring tools, review tagged content from friends and family, scan location check-ins, and analyze fitness app posts.

What gets used against you: photos at social events ("you appeared at a birthday party three weeks post-crash; clearly not disabled"), fitness app check-ins, casual posts like "feeling great today!" taken out of context, location check-ins at trailheads or gyms, and photos of you smiling, lifting, or carrying things that contradict your claimed limitations.

Stop posting immediately on all platforms. Do not delete existing posts without attorney guidance, as deletion after filing a claim can constitute spoliation. Notify close friends and family: ask them not to tag you, post your photos, or share updates about your activities during recovery.

1.10 The First 24 Hours: Get Checked Out

You may feel fine right now. You are probably not. Adrenaline masks pain and suppresses inflammation for 24–48 hours or longer, and many serious injuries (concussion, internal bleeding, herniated discs, blood clots) do not produce symptoms until days later. Section 2 covers the medical reality in detail. For now, what matters is this:

If you have this now	Do this
Loss of consciousness, even briefly	Call 911 for an ambulance. Do not drive
Confusion, vomiting, severe headache, unequal pupils	Go to the ER immediately. Do not drive
Dizziness, numbness, chest or abdominal pain	Go to the ER within 2 hours
Road rash, visible bruising, soreness, no alarming symptoms	Go to urgent care today or within 24 hours
“I feel completely fine”	Go to urgent care within 24 hours; adrenaline is masking symptoms

Do This Now: If you are reading this at the scene and experiencing any symptom in the first two rows of this table, stop reading and call 911 or get to an ER now.

Tell the provider exactly: *“I was struck by a motor vehicle while cycling/walking at [location] on [date].”* This specific language in the medical record is critical. It creates the causal link between the crash and whatever injuries are later diagnosed. If you were offered EMS transport at the scene and declined, tell the provider that as well; your medical record can counteract the on-scene refusal.

1.11 Worried About the Cost of Going In?

The fear of a medical bill is real, and it stops too many crash survivors from getting checked out. Here is what you need to know right now.

- **If you have auto insurance (even if you weren’t in a car):** Most policies include a coverage called MedPay (Medical Payments) that pays crash-related medical bills regardless of who was at fault. It typically covers \$5,000–\$10,000 in bills, it applies to you as a pedestrian or cyclist, and it doesn’t require you to prove anything before it pays. Call your insurer and ask: *“Do I have MedPay, and should I open a claim?”*
- **If you don’t have auto insurance:** Your health insurance covers crash-related treatment just like any other injury. If you have no insurance at all, go anyway. Hospital emergency departments are required to treat you regardless of ability to pay. Most have financial assistance (charity care) programs, and a social worker at the hospital can connect you with them before you leave.
- **The driver’s insurance matters too.** The person who hit you carries liability coverage that exists specifically to pay for your injuries. You have a right to file a claim against it, and the amount you can recover is almost always far larger than the medical bill you’re afraid of right now. But only if you have a medical record documenting what happened.

For now: go. The bill is solvable. Undocumented injuries are not. Section 4 covers all of this in detail.

1.12 The First 24 Hours: Write Everything Down

- **Write a detailed crash account while your memory is fresh.** Include your direction of travel, the driver's behavior before impact, exactly where the impact occurred on your body and bicycle, what was said at the scene, and what the scene looked like. Store this privately. Share it with your attorney if you retain one. Do not post it to social media.
- **Start a symptom and recovery journal immediately.** Daily, dated entries: pain level (0–10 scale) and location, new symptoms since the crash, activities you could not do, sleep quality (nightmares, insomnia), emotional state (anxiety, irritability, fear, avoidance), medical appointments and treatments, work missed or tasks not completed. Write specifically, not generally. Never alter previous entries. Share with your attorney before anyone else. **Appendix C** has a **Symptom Journal Template**.

You can use a voice note on your phone. Sometimes it's easier to talk than it is to type. You can always get a transcript later.

1.13 Days 1–7: Insurance, Police Report, Symptom Journal

- **Notify your own insurance company as soon as possible.** This is not the same as talking to the other driver's insurer. Notifying your own insurer preserves your access to MedPay (Medical Payments coverage, which pays your bills regardless of fault), PIP (Personal Injury Protection), and UM/UIM (Uninsured/Underinsured Motorist coverage, which protects you when the other driver has no insurance or not enough). Section 4 explains these in detail. Keep this call brief and factual.
- **Do not give a recorded statement to the other driver's insurance company.** They will contact you within 24–48 hours, often while you are still in the adrenaline phase and before you know the full extent of your injuries. Anything you say will be used to minimize your claim. Say: *"I will respond once I've spoken with an attorney."* Write this sentence on a sticky note and put it by your phone.
- **Do not sign broad medical release forms.** The other driver's insurer may ask you to sign a form granting them access to your medical records. This gives them your complete medical history, which they will use to argue that your injuries are pre-existing conditions unrelated to the crash. Only release records through your attorney.
- **Obtain the police crash report.** Call the records division of the investigating agency. Provide the incident number. Review the report carefully for factual errors. If the facts are wrong (and they may be, since the report is often written primarily from the driver's perspective), challenge the errors promptly through the issuing department, early enough to correct the record before it becomes embedded in insurance and legal documents.
- **Consider consulting a personal injury attorney.** Most offer free initial consultations and work on contingency (they are paid only if you recover money). An attorney can send a

preservation letter for surveillance footage (which is overwritten in 24–72 hours), handle all insurer communications, track your statute of limitations, and advise on documentation strategy. Even if you are not sure you want to pursue a case, a consultation preserves your options.

1.14 What to Tell Your Employer

You don't owe your employer a full account of the crash on the first call. You owe them timely notice of your absence and, if your injuries qualify, notice of a possible FMLA-covered condition.

- The Family and Medical Leave Act entitles eligible employees to up to 12 weeks of unpaid, job-protected leave for a “serious health condition,” and it applies to non-work-related injuries.
- You do not need to use the words “FMLA leave”; saying “*I was in a crash and I'm not sure when I'll be back. I need to see a doctor first*” is legally sufficient notice. Keep the first call factual and brief, then follow up in writing: “*Just confirming I called in today. I was in a crash and I'm seeking medical attention. I'll update you on my return timeline as soon as I can.*” Do not speculate about your injuries or their severity. Do not minimize (“I'm probably fine”).
- If the crash had any connection to your job, commuting for work, running a work errand, traveling between job sites, tell your employer: “*This happened while I was traveling for work, and I want to make sure we handle it correctly from a workers' comp standpoint.*” Section 4.10 covers the workers' comp analysis in detail.

Important: In the coming days and weeks, you may experience flashbacks, nightmares, intense anxiety near traffic, or a fear of getting back on the road. These are normal trauma responses, not signs of weakness. Section 6 covers your mental health in detail, but for now: what you are feeling is real, it is expected, and it is treatable. If it becomes overwhelming, call 988 or text HOME to 741741.

1.15 What to Tell People

Almost everyone who knows you will say something that makes you feel worse. “At least you're okay.” “Could have been so much worse.” “Why were you riding there?” These reactions are not malicious, they come from relief, from their own fear of being on the road, and from a culture that treats crashes as the cyclist's problem. But they can make you doubt your right to take this seriously.

You don't need to convince them. You need to protect yourself. Here's how to respond without turning every conversation into a fight:

- “I know it looks like I'm okay, but my doctor says I need to take this seriously for the next few weeks.”

- “I appreciate your concern. The most helpful thing right now is just understanding that this is harder than it looks.”
- “I’d rather not go into detail right now. I’m following my doctor’s guidance and I’ll let you know if I need anything.”

Know This: You do not owe anyone a medical report, a justification for riding, or a demonstration that you are hurt “enough.” Protecting your energy is part of your recovery.

2 • Your Body: What “Walking Away” Actually Means

“I walked away” does not mean “I wasn’t injured.” It means the injury has not shown up yet, or has not been documented yet. The difference between a survivor who recovers their losses and one who absorbs them alone is almost always what they did, or did not do, in the first 72 hours.

When a car hits you, your body floods with adrenaline and cortisol. These stress hormones suppress pain, reduce inflammation, and create a temporary sense of alertness and capability. You can stand up, walk around, talk to the officer, and genuinely believe you are fine. This chemical mask can last 24–48 hours or longer. During this window, fractures go unnoticed, concussions present as simple fatigue, and soft tissue injuries that will become debilitating in a few days feel like ordinary soreness.

If you feel fine right now: That is completely normal. It does not mean you are fine. Here is what we know about what happens next: adrenaline and cortisol are suppressing your pain response. This chemical mask can last 24–48 hours. During this window, fractures go unnoticed, concussions present as fatigue, and injuries that will become debilitating in days feel like ordinary soreness. The fact that you feel okay right now is expected, and it is exactly why you need to get checked out anyway.

This section covers the injuries that hide, the ones that escalate, and how to build a medical record that protects you when the full picture emerges.

2.1 Injuries That Hide: What to Watch For

The following injuries are routinely missed at the scene and in the first hours after a crash. Many do not produce their full symptoms for days or weeks:

Injury Type	Typical Delay	Symptoms to Watch For
Whiplash/cervical strain	Hours to several days	Neck pain, stiffness, persistent headache, shoulder/arm pain
Concussion/mild TBI	Hours to days	Headache, dizziness, confusion, nausea, memory issues, light sensitivity
Internal bleeding	Hours to days	Abdominal pain, unusual bruising, dizziness, drop in blood pressure
Herniated disc/spinal injury	Days to weeks	Back pain, radiating pain or numbness into arms or legs
Blood clots (DVT)	Days to weeks	Swelling, redness, warmth in a limb; shortness of breath if pulmonary

Injury Type	Typical Delay	Symptoms to Watch For
Soft tissue damage	24–72 hours	Increasing soreness, stiffness, reduced range of motion
PTSD	Weeks to months	Flashbacks, nightmares, avoidance, hypervigilance, sleep disruption

Tip: If any of these symptoms appear after you were told you were “fine” at the scene, return to your doctor immediately. Tell them: *“I was struck by a motor vehicle on [date]. I am developing new symptoms.”* Make sure the provider documents the connection to the crash in their chart notes.

2.2 Traumatic Brain Injury: The Injury You Don’t Know You Have

Traumatic brain injury is the invisible epidemic of cycling and pedestrian crashes. Between 2009 and 2018, nearly 597,000 emergency department visits in the U.S. were for bicycle-related TBIs. Between 22% and 47% of cycling collisions result in head injury. And here is the statistic that should alarm you: more than 50% of patients with mild TBI have their diagnosis missed or not clearly documented in the emergency room.

Do This Now: When you go to the ER, tell the provider explicitly that you were struck by a motor vehicle and that you are concerned about a possible head injury. Ask them to document it. Do not accept “you’re fine” without a specific assessment for concussion

Mild TBI (concussion) is the most commonly missed injury in crash survivors. The critical signs (brief loss of consciousness, altered mental state, post-traumatic amnesia) often resolve within minutes and are gone by the time EMS arrives. ER physicians under time pressure attribute symptoms to stress or anxiety when standard CT scans come back normal. A normal CT does not rule out mild TBI; it simply means there is no bleeding or fracture visible on that particular scan.

Know the warning signs by time window:

Time Window	Symptoms	What to Do
At the scene / within 1 hour	Confusion, loss of consciousness (even briefly), vomiting, unequal pupils, slurred speech, extreme fatigue	Call 911 immediately
Hours 1–24 (often after ER discharge)	Worsening headache, increasing confusion, unusual drowsiness, repeated vomiting, difficulty being awakened, seizure	Return to the ER immediately; may indicate bleeding or brain swelling
Days 2–7	Persistent headache, light/noise sensitivity, dizziness, difficulty concentrating, memory gaps, irritability, sleep disturbances, ringing in ears	See your doctor; request a neurological evaluation

Time Window	Symptoms	What to Do
Weeks to months	Ongoing cognitive fog, depression, anxiety, personality changes noticed by family, word-finding difficulty, difficulty with previously automatic tasks	Seek a neuropsychological evaluation

Do not tell anyone “I’m fine” at the scene or in the ER if you hit your head or might have hit your head. Say: *“I hit my head and I’m not sure how I feel.”* Even if you feel okay, the words “I’m fine” become part of the medical record and will be used to deny a TBI claim later.

Tell your family about being hit: they may notice the change before you do. A brain-injured person often lacks the self-awareness to recognize their own cognitive and behavioral changes. If they notice you “seem different” or “aren’t yourself” after a crash, document it, report it to your doctor, and keep a written log.

2.3 When “Minor” Turns Out Not to Be Minor

The pattern is disturbingly common. What begins as “I walked away” becomes, days or weeks later, a torn rotator cuff that requires surgery. A concussion that develops into post-concussion syndrome with months of cognitive fog. A herniated disc that produces chronic pain. PTSD that makes it impossible to ride or even be near a road. The “minor” crash was never minor; you just didn’t know it yet.

The reason this happens is that you tell everyone you’re fine at the scene, and the medical record reflects that narrative. By the time the real injuries surface, you have already undermined your own case with weeks of “I’m okay” documentation. This is why every step in Sections 1 and 2 matters: you are building the record that protects you when “minor” turns out to be anything but.

Initial Assessment	What Actually Happened	Time to Diagnosis
“Just some road rash”	Torn rotator cuff requiring surgery	3 weeks
“A little dizzy, but fine”	Post-concussion syndrome lasting 6+ months	Days to weeks
“My back is a little sore”	Herniated disc with chronic nerve pain	1–4 weeks
“Shaken up but okay”	PTSD; unable to ride or walk near traffic	4–8 weeks
“No real injuries”	Blood clot (DVT) requiring emergency treatment	Days to weeks

Do not accept an insurance settlement before you have reached Maximum Medical Improvement (MMI), the point where your condition has stabilized and your future medical needs can be accurately projected. Insurance companies have a financial

incentive to settle quickly, before the full scope of your injury is known. Once you sign, you cannot go back.

2.4 Building a Medical Record That Protects You

Your medical record is the foundation of everything that follows: your insurance claim, your civil case, and any criminal charges against the driver. If the crash is not documented in your medical record, it legally did not happen. If your symptoms are not linked to the crash in your chart notes, the insurer will argue they are unrelated.

Your medical record does not just affect your financial recovery. It determines the type of criminal charges that can be filed against the driver. In most states, the difference between a traffic ticket and a felony vehicular assault charge is whether your injuries meet the “serious bodily injury” threshold. If your injuries are poorly documented, the DA may not have the evidence to pursue meaningful charges. Building a strong medical record is an act of accountability, not just self-protection.

- **Tell every provider about the crash.** Every time you see a doctor, physical therapist, or mental health provider, open with: “*I am here because I was struck by a motor vehicle on [date].*” Make sure they write it in the chart.
- **Report every symptom, even small ones.** A headache that you brush off as “nothing” could be the first sign of a concussion. If you don’t report it, it does not exist in the record.
- **Maintain consistent treatment.** Gaps in treatment are used by insurers to argue that your injuries resolved. If you are improving but not fully recovered, continue treatment. If you cannot afford treatment, tell your attorney; they can often arrange deferred payment with providers.
- **Connect new symptoms to the crash.** If a new symptom appears weeks after the crash, make sure your provider documents: “*Patient reports [symptom] that began following motor vehicle crash on [date].*” Without this language, the insurer will claim the symptom is unrelated.

Ask your provider to document the mechanism of injury in their notes: “*Patient struck by motor vehicle while cycling/walking.*” This language creates the causal chain that connects your treatment to the crash. Without it, every bill and every diagnosis becomes a fight.

3 • The Accountability Gap

Before you read this section: This chapter explains where the legal system has structural gaps for non-fatal crashes involving cyclists and pedestrians, and how to work effectively with the officers, prosecutors, and victim advocates whose help you'll need to close those gaps. Some of what follows may be frustrating to read. If you are in the first few days and already overwhelmed, skip to Section 3.5 (Your Role: Lead Advocate for Your Own Case) and come back later. The practical steps in Sections 1 and 4 are more urgent right now.

Here is the hard truth you need to understand before anything else in this section: what happened to you is almost certainly being handled as a **traffic violation**, not a crime. Traffic violations are processed through **traffic court**, which is a fundamentally different system from criminal court.

Traffic court is not criminal court. In criminal court, a prosecutor presents evidence, you may have a victim advocate, and a judge or jury weighs the case. In traffic court, the driver shows up (or mails in a fine), a judge processes the citation in minutes, and you may have no role in the proceeding at all. There is no prosecutor arguing on your behalf. There is no victim advocate. There is no mechanism for you to tell the court what happened to you. The driver pays a fine, gets points on their license, and drives home. This is the default outcome for the vast majority of crashes involving “minor” injuries.

When a driver kills a cyclist or pedestrian, there is usually a vehicular homicide charge, a DA assigned to the case, and a victim advocate to guide the family. When a driver hits you and you survive, the system often does nothing beyond a traffic citation, and sometimes not even that. The officer may not cite the driver. The DA's office will almost certainly not prosecute, because traffic infractions like careless driving and failure to yield are part of the traffic code, not the criminal code. You may never be assigned a victim advocate. The person who hit you may face no meaningful consequences at all.

This is the accountability gap, and for survivors it is one of the hardest parts of the experience. The distance between your internal reality (you were hit by a car, your life has been disrupted, you are in pain and afraid) and the legal system's default response for non-fatal cases (a traffic citation, or nothing) generates a particular kind of frustration that nearly every survivor describes. Closing that gap is what the rest of this section is about, and it almost always involves working closely with the same officers and prosecutors whose default tools were built for a different kind of case.

The investigation reflects these constraints. When injuries are not immediately life-threatening, departmental policy in most jurisdictions classifies the crash as a minor traffic incident rather than a crime scene. That typically means no crash reconstruction team, no detailed measurements, no witness canvassing, no vehicle impoundment, and no toxicology screen unless the officer has reason to suspect impairment. The responding officer completes a standard crash report form (often relying heavily on the driver's account, since the driver is usually the one still standing at the

scene) and is dispatched to the next call. None of this means the officer doesn't care; it means the protocols and resources allocated to non-fatal VRU crashes are limited, which is exactly why your own documentation matters so much.

This section explains why the system works this way, what options you actually have, and how to give law enforcement and prosecutors the information they need to take your case seriously when their default workflow would otherwise treat it as routine.

3.1 The Bias You're Already Feeling

Before we explain the mechanics of the accountability gap, we need to name the force behind it: there is a deep, pervasive cultural bias against cyclists and pedestrians, and it shapes every interaction you will have from the moment you are hit.

It starts at the scene. In most communities, the responding officer, the witnesses, the insurance adjuster, the prosecutor, the judge, and the jury pool are overwhelmingly drivers. Most have personal experience being behind the wheel, momentarily distracted, running late, or checking a phone, and far fewer have direct experience of being hit by a two-ton vehicle while walking or riding. The natural human tendency is to relate to the experience you know, and that quiet pull toward the driver's perspective shapes what gets noticed, what gets asked, and what gets believed, often without anyone intending it.

This is not a conspiracy, and it is not a personal failing of the individuals you'll meet. Researchers describe it as a systemic cognitive pattern sometimes called driver identity bias: it's easier to identify with an experience you have every day than one you don't, and accepting that an ordinary driving mistake can seriously injure someone is uncomfortable for anyone who drives. Many officers, prosecutors, and victim advocates work hard to push past this pattern, and a central goal of this guide is to give them the documentation and framing that makes doing so easier.

You will see this bias everywhere:

- **With police.** Some officers will ask what you were wearing, whether you had lights, or whether you were "in the road." These are often standard intake questions an officer is trained to ask, but the answers can end up listed as contributing factors on the crash report. Because the driver is usually the only person still standing and talking when officers arrive, their account often shapes the initial narrative. Knowing this in advance lets you give the officer a clear, organized account of your own. That is the kind of information that helps a good officer write an accurate report.
- **In the media.** Headlines will say "Cyclist struck by car" in passive voice, as if the car acted alone. The article will mention whether you wore a helmet before it mentions whether the

driver was cited. Coverage frames the crash as an inevitable consequence of cycling, not as a failure of the driver.

- **On social media.** Comment sections will ask why you were riding there, whether the road had a bike lane, whether you “ran a stop sign.” People who were not there will confidently explain what you should have done differently. The driver’s behavior will barely be discussed.
- **In personal conversations.** Friends and family will say “I always worry about you riding” or “roads are for cars.” Coworkers will ask “why don’t you just drive?” The subtext, always, is that you assumed the risk by being on the road without a car around you.

None of this is your fault. You had every legal right to be where you were. The driver had a legal duty to see you and not hit you. The fact that the world rearranges the blame does not change who violated the law.

Understanding this pattern is about strategy, not blame. When you know the system’s default lens leans toward the driver’s perspective, you can prepare for it: document everything, give the responding officer a clear and accurate account, ask respectfully for reconsideration if something important is missing from the report, and present your case in terms that help officers, prosecutors, and victim advocates see you as a person whose case deserves their attention. Everything in this section is shaped by that goal.

3.2 Why the System Struggles With “Minor” Crashes

You are not imagining it, if it feels like your case is not getting the attention you expected. The legal system’s tools and resources for non-fatal VRU crashes are limited by statute, caseload, and protocol, not by a lack of concern from the people inside it. Understanding why is the first step toward giving those people what they need to engage.

Traffic crashes occupy a difficult space in the legal system. They are common enough that police and prosecutors handle them in volume, and most are processed under the traffic code rather than the criminal code. Officers respond to dozens of crashes per shift. Prosecutors carry heavy caseloads of violent felonies. Judges see traffic matters constantly. Within those constraints, the question that most often determines whether a crash gets escalated is whether the injuries cross a statutory “serious bodily injury” threshold. For non-fatal VRU crashes that fall below that line, the available tools are limited, not because the people involved don’t care, but because the law and the resources available to them are built around different cases.

For crashes involving “minor” injuries, the default outcome is a traffic citation (careless driving, failure to yield) or nothing at all. The citation carries a fine and points on the driver’s license. There is no victim advocate, no restitution hearing, and no mechanism for you to tell the court what happened to you. The driver pays the fine and drives home.

Approximately 40 states and the District of Columbia require drivers to give cyclists at least three feet of clearance when passing; several states require four feet or more. These safe-passing laws are standalone requirements: a driver can be cited for violating them even if no crash occurs. About a dozen states also have vulnerable road user (VRU) laws that impose enhanced penalties when a traffic violation injures or kills a cyclist or pedestrian. However, most VRU enhancements require “serious bodily injury” and do not apply to “minor” crashes. If your injuries do not meet that threshold, standard traffic infraction penalties apply. Check your state’s specific statutes or consult an attorney to understand what protections exist where your crash occurred.

3.3 Asking the System to Engage: Getting a Citation, Getting Charges

The default workflow may treat your case as routine, but you have real options for asking law enforcement and the DA’s office to look more closely, and the steps that make that easier for them start at the scene.

- **Push for a citation.** If the responding officer does not cite the driver, ask why. Officers have discretion, but they also have supervisors. If you believe the driver violated a traffic law (failure to yield, unsafe passing, distracted driving, running a red light), you can request a supervisor review the decision not to cite. You can also file a formal complaint with the department.
- **Understand the criminal thresholds.** In most states, criminal charges (vehicular assault, reckless driving) require “serious bodily injury”: substantial risk of death, permanent disfigurement, or protracted loss of function. Road rash, sprains, minor lacerations, and soft tissue injuries typically do not meet this threshold. However, fractures often do—a broken collarbone from a dooring or a wrist fracture from impact with asphalt can meet the “serious bodily injury” standard, even in crashes that initially seemed minor. If your injuries turn out to be more serious than initially apparent (a concussion that develops into post-concussion syndrome, a herniated disc requiring surgery, any fracture), the threshold may be met. Keep your DA’s office informed as your medical situation evolves.
- **Contact the DA’s office yourself.** You do not have to wait for the police to refer your case. You can contact the district attorney’s office directly, provide your documentation, and request that charges be considered. Bring your crash report, your medical records, photographs, and your symptom journal. Be specific about the driver’s conduct and your injuries.

3.4 Criminal Charges: What’s Possible and What’s Realistic

Understanding what criminal charges are available helps you set realistic expectations and direct your energy effectively:

Charge	When It Applies	Typical Penalty	Realistic Likelihood
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Traffic citation (careless driving, failure to yield)	Any crash; no injury threshold required	\$150–\$1,000 fine; license points	Most common outcome by far
Reckless driving	Driver showed willful disregard for safety	Misdemeanor; fine + possible jail	Uncommon without egregious facts
Vehicular assault	Driver caused serious bodily injury through recklessness or DUI	Felony; 1–6 years (varies by state)	Requires serious bodily injury threshold
Assault with deadly weapon	Intentional use of vehicle to harm	Felony; significant prison time	Rare; requires proof of intent
Hit and run	Driver fled scene	Misdemeanor or felony depending on injury	Charged when driver identified

3.5 Your Role: Lead Advocate for Your Own Case

In a fatality case, the victim’s family becomes the lead advocate. In your case, you are both the victim and the advocate. Nobody else will carry your case the way you will. This is unfair, and it is the reality.

What effective self-advocacy looks like:

- **Keep meticulous records.** Dates of every police or DA call, screenshots, expenses (medical bills, therapy, bicycle repair), and a running log of names and what people told you.
- **Humanize yourself to the prosecutor.** You are not a case number. You are a person who was commuting to work, or training for a century ride, or walking to the grocery store. Share your story. Share what was taken from you. Show them photographs of your injuries. Help the prosecutor see your case clearly enough that it stays with them.
- **Show up.** If there are hearings, be there. A packed courtroom, even in a misdemeanor case, communicates to the judge that this crash matters to the community.
- **Keep the pressure on.** Follow up regularly with the DA’s office. Call every two to four weeks. Be polite, persistent, and organized. Prosecutors juggle hundreds of cases; the ones that get attention are the ones where someone is paying attention.

Keep a call log. Every time you contact the DA’s office, write down the date, who you spoke with, and what they said. This log becomes your record of how the case was handled, and it demonstrates that you are organized and serious.

3.6 Key People and What They Do

Role	What They Do	How You Interact
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Responding Officer	Takes crash report; may or may not cite driver	Provide statement; request citation; follow up on report
District Attorney / Prosecutor	Decides whether to file criminal charges	Contact directly; provide documentation; request charges
Victim Advocate (if assigned)	Guides you through legal process; connects to services	Ask for one; CC on all DA communications
Your Civil Attorney	Files civil claims; negotiates with insurance	Hire early; works on contingency (no upfront cost)
Insurance Adjuster (theirs)	Seeks to minimize what they pay you	Do not engage without your attorney present
Insurance Adjuster (yours)	Processes your UM/UIM, PIP, or MedPay claims	Notify early; provide factual information only

3.7 When the Crash Was Intentional: Road Rage

If the driver who hit you did so in an act of road rage (screaming, accelerating toward you, brake-checking, swiping, or deliberately driving into you), your case is fundamentally different from one involving negligence or distraction. You are not processing a crash. You are processing targeted violence.

Road rage against cyclists and pedestrians can be charged as assault, aggravated assault, or assault with a deadly weapon (the vehicle qualifies under most state statutes). These are felonies carrying significantly longer sentences than traffic offenses. A criminal conviction for an intentional act also eliminates the need to prove fault separately in a civil case, and may support a claim for punitive damages.

If road rage was involved, tell police and the prosecutor explicitly that the conduct was intentional. Use the word “intentional” or “deliberate.” Ask the DA about assault charges, not just traffic violations. Preserve any dashcam footage, witness accounts, or evidence of threatening behavior that preceded the crash. Ask whether the incident qualifies for your state’s Crime Victim Compensation program.

3.8 When the System Gives You Nothing

Despite your best efforts and the best intentions of the people handling your case, the criminal system may produce no charges and no citation. This is the most common outcome in “minor” injury cases, and it is one of the most painful experiences survivors describe. You were hit by a car, and the legal response feels disproportionate to what happened to your body. Often this outcome reflects statutory thresholds (most non-fatal VRU crashes don’t meet the “serious bodily injury” standard required for criminal charges) and prosecutorial caseload realities, not a judgment about whether you deserve accountability.

A lack of criminal charges does not mean you did something wrong. It does not mean the driver was not at fault. It usually means your case fell short of a statutory threshold the prosecutor is bound by. You still have civil options, advocacy options, and a story that matters.

You still have options:

- **File a DMV complaint.** In most states, you can file a complaint against the driver's license with the Department of Motor Vehicles. This creates a record on their driving history and can trigger a license review, particularly if the driver has prior violations.
- **Pursue civil accountability.** A civil lawsuit (Section 5) does not require criminal charges. The standard of proof is lower (you only need to show it is "more likely than not" that the driver was at fault, rather than proving guilt "beyond a reasonable doubt" as in criminal court), and the process is entirely in your hands. For many survivors, a civil deposition under oath may be the only time the driver is ever forced to answer for what they did.
- **Use public records requests.** Request crash data for the intersection or road where you were hit. If there is a pattern of crashes, you have the foundation for an infrastructure campaign (Section 7).
- **Channel the energy into advocacy.** Section 7 covers this in depth. Often, the most powerful thing you can do when the system fails you individually is to change the system so it doesn't fail the next person.

3.9 Victim Impact Statements: Your Voice, Even in a Misdemeanor

If the driver is charged with anything, even a traffic offense, you may have the right to submit a victim impact statement. This is your direct voice to the court. It is read aloud or submitted in writing, entered into the record, and heard by the judge and the defendant.

Write about who you are, not just what happened. Describe the specific ways the crash has affected your daily life: the bike rides you cannot take, the sleep you have lost, the therapy appointments, the medical bills, the fear that settles in every time a car passes too close. Be specific. Judges hear legal arguments all day; what stays with them is the empty bike hanging in the garage, the child who asks why you don't ride anymore.

3.10 Monitor the Driver's Social Media

If you are pursuing a civil claim, the driver's social media can be a source of evidence. Posts showing the driver was distracted or impaired before the crash (texting while driving, drinking), posts that contradict their version of events, or posts that undermine claims of financial hardship during settlement negotiations are all potentially useful to your attorney.

This is not about revenge. It is about building your case with information the driver is voluntarily putting into the public record.

Screenshot everything with timestamps. Posts can be deleted. Use web archive tools (archive.org) to create permanent records. Do not interact with, follow, or message the driver's accounts; this could be seen as harassment and could hurt your case. Share what you find with your civil attorney.

3.11 Your Community's Role

For most "minor" crashes, the case will never make it to a courtroom. If charges are filed at all, they are typically traffic infractions resolved by mail or a brief appearance. A full hearing or trial is the exception, not the rule.

That said, community support matters even outside the courtroom. Letters from community members to the DA can influence charging decisions. A cycling club that writes to city council about the intersection where you were hit creates political pressure for change. And if a hearing does happen, having friends and fellow cyclists present communicates to the judge that this crash matters to the community.

4 • Money and Insurance

Nobody wants to think about money right now. But the financial aftermath of a crash is immediate: medical bills arrive, you miss work, your bike is destroyed, and you're paying for rides you didn't plan on taking. Meanwhile, the driver's insurance company is already building its case to pay as little as possible. This section walks you through what to do, step by step.

Plain English: The driver's insurance will pay for your injuries. Your own insurance has a backup coverage that pays your medical bills right away, regardless of whose fault it is. This section walks you through both. You don't need to understand all of it today, just the steps in Section 4.2. If the driver has no insurance at all, your own auto policy may still protect you through a coverage called UM/UIM (Uninsured/Underinsured Motorist). If you don't own a car, see Section 4.3.1.

4.1 Track Every Dollar from Day One

Before you think about insurance claims, lawyers, or settlements, start tracking every financial impact of the crash. This is the single most important thing you can do right now, it costs nothing, and it requires no decisions. Everything that follows in this section depends on having a clear record of what this crash cost you.

The list below is designed to catch expenses people commonly miss. Go through it carefully. If it applied to you, document it.

Medical

- **Emergency room or urgent care visit.** The bill, your co-pay, and any out-of-pocket cost.
- **Follow-up doctor visits.** Primary care, orthopedic, neurologist, concussion clinic.
- **Physical therapy.** Every session, every co-pay.
- **Prescriptions and over-the-counter medications.** Pain relievers, anti-inflammatories, sleep aids, muscle relaxants, topical treatments.
- **Medical devices and supplies.** Crutches, braces, slings, bandages, ice packs, heating pads.
- **Dental work.** If you hit your face or jaw in the crash.
- **Mental health treatment.** Therapy sessions, psychiatry appointments, EMDR sessions. Every session, every co-pay.
- **Future medical costs.** If your doctor says you'll need ongoing treatment, surgery, or long-term therapy, get that in writing. These projected costs are part of your claim.

Lost Income

- **Missed work hours or days.** Pay stubs showing the difference between your normal pay and what you earned during recovery.
- **Sick days or PTO used.** These have monetary value even if your paycheck didn't change. You burned paid time off you would have had otherwise.
- **Reduced capacity.** If you went back to work but couldn't perform at full capacity (missed shifts, reduced hours, turned down overtime), document that too.
- **Self-employment income loss.** If you are self-employed, document canceled jobs, declined contracts, or reduced billable hours with dates and amounts.

Transportation

- **Rides you had to take.** Uber, Lyft, taxis, or rides from friends to medical appointments, work, the grocery store—anywhere you would have biked or walked before the crash. Log every one with date, destination, and cost.
- **Mileage to medical appointments.** If you or someone else drove you, the IRS medical mileage rate applies. Keep a log of dates and round-trip distances.
- **Parking fees at medical facilities.** These add up.
- **Public transit costs.** If you switched from cycling to bus or train, the difference in cost is a crash expense.

Property

- **Bicycle repair or replacement.** Get a written estimate from a bike shop. If the bike is totaled, document what you paid for it and its current replacement value. Preserve the damaged bicycle as evidence.
- **Damaged gear and clothing.** Helmet (cracked helmets are also evidence), cycling shoes, clothing, lights, bags, phone, watch, sunglasses. Photograph everything before discarding.
- **Phone or electronics.** If your phone, cycling computer, or other electronics were damaged.

Daily Life

- **Childcare.** If your injuries prevented you from caring for your children, receipts for any paid help.
- **Household help.** Cleaning, yard work, grocery delivery, meal services, dog walking—anything you normally did yourself but couldn't because of your injuries.
- **Food delivery or prepared meals.** If you couldn't cook due to injuries, the difference between what you normally spend on food and what you spent on delivery or prepared meals.

- **Home modifications.** Temporary or permanent changes: shower bench, grab bars, ramp, bed rail.

Emotional and Relational

- **Canceled plans.** Trips, races, events, concerts, classes you paid for but couldn't attend.
- **Relationship impacts.** Couples therapy if the crash strained your relationship. Additional childcare if your partner had to take on more to compensate for your limitations.

Nothing is too small to track. The Uber home from the crash scene, the \$8 bottle of Advil, the \$15 parking fee at the orthopedist—these feel trivial in the moment but they add up to hundreds or thousands of dollars, and every one of them is a legitimate crash expense. If you are not sure whether something counts, track it anyway and let your attorney sort it out.

Create a folder (physical or digital) and name files with dates and brief descriptors: “2026-04-15_ER_Bill.pdf,” “2026-04-16_Uber_to_Urgent_Care.pdf.” A disorganized pile of receipts costs your attorney time and costs you money.

4.2 How Money Actually Works After a Minor Crash

This is the part most people find confusing, so here it is in plain language. You do not have to sue anyone to get money. Most minor crash claims are resolved entirely through insurance—no lawsuit, no court, no trial. Here is how it works.

Money can come from two places:

- **Path 1: The driver's liability insurance (most common).** The driver who hit you has car insurance with “liability coverage”—that is literally what it exists for. You file a claim directly with their insurance company. You call the number on the insurance card you photographed at the scene, say “*I was hit by your policyholder on [date] at [location], and I am filing a third-party bodily injury and property damage claim,*” and the process begins. You do not have to sue the driver to trigger this.
- **Path 2: Your own auto insurance (backup, often faster).** Even if the other driver is at fault, your own auto policy may have coverages that pay you directly, without waiting for the other insurer to accept fault. MedPay pays your medical bills up to a set limit regardless of fault. UM/UIM covers you if the driver has no insurance or not enough. Section 4.3 explains why your car insurance covers you even when you were on a bike.

In a minor crash, you often pursue both simultaneously: your MedPay for immediate medical bills while the bigger claim against the driver's insurer is pending.

The Step-by-Step Process

- **Step 1: Notify your own insurer first (within a few days).** Tell them the facts: date, location, what happened. Ask specifically: *“Do I have MedPay coverage, and should I open a claim?”* If you do, open it. This pays your medical bills quickly while the bigger claim is pending.
- **Step 2: File a third-party claim with the driver’s insurer.** Call the number on the insurance card you photographed. Say: *“I am filing a third-party bodily injury claim. Your policyholder struck me on [date].”* They will assign you a claim number and an adjuster. Write both down.
- **Step 3: The adjuster contacts you.** This usually happens within 24–48 hours. Their job is to settle your claim for as little as possible. You are not required to give a recorded statement. You can say: *“I am not prepared to give a recorded statement at this time.”*
- **Step 4: You document your losses.** Your medical bills, bike repair or replacement receipts, lost wages, ride receipts, symptom journal—everything from Section 4.1 becomes the evidence supporting what you are owed.
- **Step 5: The adjuster makes an offer.** For a genuinely minor crash—road rash, a few urgent care visits, a bent wheel—they may offer \$1,000–\$3,000 fairly quickly. You can negotiate. You are allowed to counter. Get any offer in writing before you respond.
- **Step 6: You sign a settlement release and get paid.** This ends the claim permanently. Once you sign, you cannot go back for more money—even if new symptoms emerge. This is why the guide emphasizes waiting for Maximum Medical Improvement before settling.

You do not need a lawyer to follow these six steps. For a truly minor crash (urgent care visit, no lasting symptoms, bike repair under \$1,000, clear fault), you can handle this yourself. Section 4.5 explains when you should strongly consider hiring one.

No car? You can still file a claim. The driver’s liability insurance covers people the driver injures, not cars. If you don’t own a vehicle, you can still file a third-party bodily injury claim directly against the at-fault driver’s insurer. Section 4.3.1 explains what changes, and what doesn’t, when you have no auto policy.

4.3 Your Car Insurance Follows You, Not Your Car

This confuses almost everyone, so read this carefully: your auto insurance policy covers **you as a person**, not just you when you are driving. The UM/UIM and MedPay coverages are attached to you as the policyholder. If an uninsured driver hits you while you are on your bike, you can file a claim with your own auto insurer—because the coverage is designed to protect you from bad drivers no matter how you were traveling.

Think of it this way: the whole point of UM/UIM is that you paid premiums to protect yourself from bad drivers. It would be strange if that protection only applied when you happened to be in your car.

Coverage	How It Works on a Bike or on Foot
MedPay	Pays your medical bills up to your policy limit (often \$5,000–\$10,000) regardless of who was at fault. Explicitly covers you as a pedestrian or cyclist in most states.
UM/UIM	Covers you when the at-fault driver has no insurance or not enough to cover your losses. Most state courts have extended this to cyclists and pedestrians, though exact language varies by policy.
Health insurance	Completely separate from auto insurance. Also pays regardless of how you were hurt. You may end up using both health insurance and MedPay simultaneously for the same bills—your attorney or insurer can help sort out which pays what.

Call your own auto insurer and ask: “Do I have MedPay or UM/UIM coverage that applies here?” Do not assume it does not apply because you were on a bicycle. Let them tell you.

4.3.1 What If You Don’t Own a Car?

Not everyone who reads this guide owns a vehicle. If you don’t have auto insurance, here is what actually changes, and what doesn’t.

What doesn’t change: The driver who hit you carries liability insurance. That coverage exists to pay people the driver injures, it doesn’t matter whether you own a car, own a bicycle, or don’t own anything with wheels. You can file a third-party claim against the driver’s liability insurer directly. The process in Section 4.2 applies to you exactly as written.

What changes: You do not have MedPay, PIP, or UM/UIM coverage on your own policy, because you don’t have a policy. That means your fallback options for immediate medical bill coverage are different:

- **Your health insurance is your primary path.** If you have any form of health coverage, employer plan, Medicaid, marketplace plan, a parent’s plan, use it. Alert your insurer immediately that the bills are crash-related. Keep copies of everything, because if you recover money from the driver’s insurer later, your health insurer has a right to reimbursement (subrogation, Section 4.8). An attorney can often negotiate that amount down.
- **Check a household member’s policy.** If you live with a spouse, partner, or parent who has auto insurance, you may be listed as a household member on their policy, or you may qualify for coverage under it even if you’re not explicitly listed. UM/UIM coverage in particular frequently extends to household members who are hit as pedestrians or cyclists.

Call the household member's insurer and ask specifically: *"Is [your name] covered under this policy as a household member, and does the UM/UIM coverage apply to them as a pedestrian or cyclist?"*

- **Some states extend the at-fault driver's PIP to pedestrians.** In several no-fault states, the driver who hit you is required to share their PIP benefits with an injured pedestrian, even one with no insurance of their own. This varies significantly by state; ask your attorney.
- **If you have no insurance and no household policy:** Your path is the driver's liability coverage as your primary financial recovery and your health insurance (or financial assistance programs at the ER) for immediate medical bills. This is a harder road, not an impossible one. Section 4.5 on attorney selection becomes especially important: a personal injury attorney working on contingency costs you nothing upfront and can help you navigate the claim process without your own insurer as a backstop.

4.4 The Danger of Early Settlement

Within days of your crash, the driver's insurance company may call you with a settlement offer. It may sound reasonable. It may sound generous. It is almost certainly a fraction of what your claim is worth, and it is designed to close your case before you know the full extent of your injuries.

Remember: soft tissue injuries develop over 24–72 hours. Concussions can develop into post-concussion syndrome lasting months. Herniated discs may not require surgery until weeks later. PTSD often does not appear for four to eight weeks. If you accept a settlement before reaching Maximum Medical Improvement, you are locking in a number based on incomplete information. Once you sign, you cannot go back.

Do not accept any settlement offer before consulting an attorney and before you have reached Maximum Medical Improvement. Write this on a sticky note and put it by your phone: *"I will respond once I've spoken with an attorney."*

4.5 Do You Need a Lawyer?

For a truly minor crash—an urgent care visit, no lasting symptoms, bike repair under \$1,000, clear fault—you can probably handle the insurance claim yourself. The process is straightforward: file the claim, document your losses, negotiate the offer, sign the release.

Important: Most states give you only two to three years from the date of the crash to file a personal injury lawsuit. If you miss this deadline, you lose the right to file forever, regardless of how strong your case is. If a government vehicle, road defect, or public agency is involved, the deadline can shrink to as little as 90–180 days. Timelines are examples; your state's deadlines may differ. Consult an attorney early, even if you are not sure you want to sue.

You should strongly consider hiring a lawyer if:

- **Your injuries lasted more than a few weeks**, required physical therapy, or required imaging or specialist visits.
- **The driver's insurer is disputing fault** or lowballing you significantly.
- **You missed work** and have lost income to recover.
- **You have any head, neck, or back symptoms.** These tend to escalate and are worth protecting.
- **You have any fracture.** As Section 3 explained, fractures can meet the “serious bodily injury” threshold, which changes your legal options.
- **The driver was uninsured or fled the scene.** Your UM/UIM claim can be more complex.
- **A child was injured.** Court approval is required for minor settlements (see Section 4.11).

Personal injury attorneys work on contingency: they take roughly 30–40% of whatever you recover, and you pay nothing upfront, nothing if you lose. The consultation is almost always free. For a \$5,000+ claim, having a lawyer often results in a higher net recovery even after their fee, because they know how to document and negotiate claims.

Tip: Do not assume that because the DA declined to prosecute, your civil case is weak. The standards are completely different. A civil claim requires only “more likely than not,” not “beyond reasonable doubt.” Many survivors recover significant civil awards in cases where the criminal system did nothing.

4.6 How to Find and Vet a Lawyer

Not every personal injury attorney handles cyclist and pedestrian cases, and experience in this area matters. Most “minor” crash cases will be resolved through insurance negotiation, not a courtroom trial, so the skill you are looking for is an attorney who knows how to build a strong demand, negotiate effectively with insurers, and maximize your recovery without needing to litigate.

- **Start with an advocacy organization.** Organizations like The White Line, People for Bikes, and local cycling advocacy groups maintain networks of attorneys experienced in cyclist and pedestrian injury cases.
- **State Trial Lawyer Associations.** Search “[your state] Association for Justice” and look for personal injury attorneys with cycling or pedestrian crash experience.
- **Interview 2–3 firms.** Bring your crash report, photographs, and symptom journal. Ask:
 - How many cyclist or pedestrian injury cases have you handled?*
 - What is your approach to insurance negotiation?*
 - How do you handle cases where the driver was not cited?*
 - What is your contingency fee structure?*

Red flags: guaranteed dollar amounts before reviewing your case, pressure to sign a retainer before you've had time to read it, and a firm that handles only high-value cases and seems uninterested in yours.

A good attorney for a “minor” crash case is one who takes your case seriously even though the dollar value may be moderate. Ask how they communicate with clients and how often. You want someone who will return your calls, not hand your file to a paralegal and forget about it.

4.7 Insurance You May Not Know You Have

Section 4.3 introduced the concept that your auto insurance follows you. Here is the deeper dive on the specific coverages that matter most.

Uninsured/Underinsured Motorist Coverage (UM/UIM)

Approximately one in seven U.S. drivers is uninsured. When underinsured drivers are included, one in three drivers either lacks insurance entirely or carries insufficient coverage. If the driver who hit you has no insurance or minimal coverage, your own UM/UIM coverage may be your primary source of financial recovery.

Here's what you can do about this right now: call your own auto insurer and ask whether you have UM/UIM (Uninsured/Underinsured Motorist) coverage. If you do, it protects you even when the other driver has no insurance. If you don't own a car, check whether a household member's policy covers you (Section 4.3.1).

UM/UIM also covers hit-and-run crashes where the driver cannot be identified. Tell your attorney about every auto policy in your household—a spouse's or parent's policy may also provide coverage.

PIP and MedPay: First-Party Coverage

Personal Injury Protection (PIP) and Medical Payments (MedPay) cover crash-related medical bills regardless of who was at fault. Twelve states mandate PIP coverage. Even in states without mandatory PIP, MedPay may be available on your auto policy.

Here is why this matters strategically: if your health insurer pays your crash-related medical bills and you later receive a settlement, your health insurer can demand reimbursement, a process called subrogation (essentially, your health insurer's legal right to recover the money it spent on your crash-related care from your settlement). PIP and MedPay can break this cycle. Because they are first-party, no-fault benefits, they typically pay without creating the same subrogation exposure. File the PIP/MedPay claim first, before your health insurer pays the bills.

4.8 Subrogation: When Your Health Insurer Wants Its Money Back

If your health insurance paid your crash-related medical bills and you later receive a settlement, your health insurer has a legal right to be reimbursed from that settlement. This is called subrogation. An experienced attorney can often negotiate these liens down significantly—this is one of many reasons to hire an attorney before accepting any settlement.

Ask your attorney specifically about subrogation when you first meet. A good attorney will identify all potential liens early and negotiate them as part of the settlement. This can add thousands of dollars to your net recovery.

4.9 When the Vehicle Was Commercial

If the vehicle that hit you was a truck, delivery van, bus, or any vehicle being used for business purposes, the financial and legal landscape changes dramatically in your favor.

- **Much higher insurance minimums.** Federal law requires commercial vehicles to carry \$300,000 to \$5,000,000 in liability insurance, compared to \$15,000–\$50,000 for personal vehicles. The available insurance pool may be 10 to 100 times larger.
- **More defendants, more insurance policies.** Under the legal doctrine of respondeat superior (“let the master answer,” meaning employers are legally responsible for their employees’ actions on the job), employers are liable for the negligent acts of employees acting within the scope of their employment. Potential defendants include the driver, the company, the vehicle owner, the maintenance provider, and logistics brokers. Each may carry separate insurance.
- **A richer evidence trail.** Commercial trucks carry Electronic Logging Devices (ELDs) and Event Data Recorders that record hours of service, speed at impact, braking data, and GPS history. The carrier’s safety record is publicly searchable at safer.fmcsa.dot.gov.

This evidence can disappear in days. ELD data may be overwritten as the truck returns to service. Your attorney must send a spoliation letter within 24–48 hours. Retain an attorney with commercial trucking experience immediately.

The Gig-Economy Gap

If the driver was working for a delivery app like DoorDash, Uber Eats, or Instacart, coverage depends on what phase of a delivery they were in at the moment of the crash. If the app was open but no order had been accepted, the driver’s personal auto insurance will likely deny the claim while the app company’s policy has not yet activated. You may face a driver with no effective insurance at all.

Tip: If you notice delivery bags, app equipment, or company branding in the vehicle that hit you, photograph it and ask police to note it in the report. This information determines which insurance policy applies.

4.10 Workers' Comp and Commuter Crashes

If you were on a bicycle or on foot when you were hit, and the trip had any connection to your job (running an errand, traveling between job sites, making a delivery), your employer's workers' compensation insurance may owe you benefits in addition to any civil claim against the driver.

The "going and coming" rule excludes regular commutes in most states. But the exceptions are broad: running a work errand, traveling between job sites, employer-required or employer-encouraged bike commuting, and "special mission" or "special hazard" doctrines. When you first meet with a civil attorney, tell them where you were going and why.

If your employer encourages bike commuting (subsidized bike parking, bike-to-work programs, shower facilities), document this. It may establish that cycling to work was employer-encouraged, which can override the "going and coming" exclusion.

4.11 Tax Implications of Settlements

Compensatory damages for physical injury are generally not taxable under IRS Section 104(a)(2). This includes pain and suffering and emotional distress arising from a physical injury. Punitive damages, however, are fully taxable as ordinary income. How the settlement agreement allocates money between categories directly affects your tax liability. Insist that your attorney consult with a tax professional before finalizing any settlement structure.

4.12 When the Survivor Is a Child

Children ages 10–14 face the highest bicycle crash injury rates of any age group. If the person who was hit is a minor (under 18), the legal and insurance landscape is different in important ways.

- **Next-friend standing.** A parent or legal guardian must act as the legal representative for an injured child. All 50 states recognize "next-friend standing," which allows a parent to file a personal injury lawsuit on the child's behalf without a separate court application.
- **Extended statute of limitations.** In most states, the civil statute of limitations for personal injury claims by minors is tolled (paused) until the child reaches the age of majority (18 in most states). A child hit by a car at age 12 may have until age 20 or 21 to file a civil claim. However, evidence degrades over time and memories fade. Do not assume unlimited time; consult an attorney soon after the crash.
- **Court approval required for settlements.** When a settlement involves a minor, courts in most states require judicial review and approval before the settlement is binding. This protects children from insurers pressuring families into accepting inadequate settlements. Courts may require settlement funds be placed in a blocked trust or structured annuity that the child cannot access until adulthood.

Do not accept any settlement offer for your child's case without attorney review and court approval. An insurer cannot legally bypass the judicial approval process for minor settlements. A parent who accepts a settlement without court approval may find it unenforceable and may not be able to reopen the claim.

- **Developing brains are more vulnerable.** Children's brains are still developing, which means a concussion or mild TBI can have more significant and longer-lasting effects than in adults. Insist on neurological evaluation for any child who hit their head or was hit by a vehicle, even if they seem fine. Follow up with a pediatric neurologist, not just a general practitioner.

5 • Protecting Your Case

The steps in Section 1 covered the urgent, do-it-now evidence preservation at the scene and in the first week. This section covers the ongoing strategic discipline that protects your legal position in the weeks and months that follow. Think of it as the difference between locking your door (Section 1) and installing a security system (this section).

Even if you think you made a mistake—ran a stop sign, rode on the wrong side of the road, made a turn without signaling—you may still have a viable claim. The vast majority of states use **comparative negligence** (a legal principle that reduces your compensation by your percentage of fault rather than eliminating it entirely), which means partial fault reduces your recovery but does not eliminate it.

In most states, **you can recover damages as long as your fault does not exceed 50%**. Do not assume you have no case. Do not self-disqualify. Talk to an attorney first.

5.1 The Ongoing Social Media Protocol

The silence protocol from Section 1.9 is not a one-week exercise. It lasts for the entire duration of your case, which may be months or years. Insurance adjusters and defense attorneys continue monitoring your social media throughout.

- **Do not post about your crash, your injuries, or your recovery on any platform.**
- **Do not post about physical activities, travel, social events, or exercise.** A photo of you hiking three months after the crash will be exhibit A in the defense's argument that you are not injured.
- **Ask friends and family not to tag you or post about your activities.**
- **Do not delete old posts without attorney guidance.** Deletion after a claim is filed may be raised as evidence spoliation in some courts. Never delete without consulting your attorney first.
- **Do not change privacy settings without attorney guidance.** Restricting access to accounts after filing a claim may raise concerns in some cases. Consult your attorney before changing, deleting, or locking down any accounts or data.

5.2 Helmet and Comparative Negligence: What They'll Use Against You

No state requires adult cyclists to wear helmets. But if you were not wearing one and suffered a head injury, the defense will argue that your failure to wear a helmet caused or worsened your injuries and ask the court to reduce your compensation proportionally. This is called comparative negligence.

Over 30 states use modified comparative negligence, which reduces your award by your percentage of fault (as long as your fault is below 50–51%). A dozen states use pure comparative negligence, where any percentage of fault reduces your award. If a jury finds you 25% at fault for your head injuries due to not wearing a helmet, and total damages are \$200,000, your award is reduced by \$50,000. The reduction applies only to head injuries; other injuries (broken bones, PTSD) cannot be reduced for lack of a helmet.

If you were wearing a helmet and it was damaged, preserve it. A cracked helmet proves your head made contact with something, which the driver may later deny. Laboratory analysis can determine the velocity and angle of impact from helmet damage, providing crash reconstruction data unavailable any other way.

No state requires adult cyclists to wear helmets, but that does not stop insurers and defense attorneys from arguing you should have. If you suffered a head injury without a helmet, your attorney will need to hire experts to testify that the injury would have been severe regardless of helmet use. The helmet argument applies only to head injuries; it cannot reduce compensation for broken bones, PTSD, or other non-head injuries.

5.3 Language Discipline: Crash, Not Accident

This was introduced in Section 1.4, but it bears repeating because it applies to every conversation you have for the duration of your case. Three rules:

1. **Always say “crash,” never “accident.”** Accidents are unavoidable. Crashes have causes. This single word change reframes the entire narrative.
2. **Always say “accountability,” never “punishment.”** Accountability centers the victim and the community. Punishment centers the defendant and invites sympathy for them.
3. **Be careful with the driver’s name.** Once someone has been charged, their name is public record. But characterizing them before a conviction (“he tried to kill me”) gives the defense ammunition. Stick to facts.

5.4 What Not to Say to Insurance, Police, or Anyone With a Notepad

Do Not Say	Say Instead	Why It Matters
“I’m fine” / “I’m okay”	“I’m not sure yet. I need to be evaluated.”	Becomes part of the record and will be used to deny claims
“It was my fault” / “Sorry”	State facts only: where you were, what happened	Casual apologies can be treated as admissions of fault
“I don’t think I need a doctor”	“I’d like to be evaluated”	Refusal of medical care is used to argue injuries were minor
“My injuries aren’t that bad”	“I’m still being evaluated”	Locks you into a position before you know the full picture
Anything on social media	Nothing. Total silence.	Insurers monitor everything. Any post can be used against you

6 • Your Mental Health

Everyone will tell you how lucky you are. “At least you’re okay.” “It could have been so much worse.” “You’re alive, that’s what matters.” They mean well. And every time they say it, it makes you feel a little more alone, because you are not okay, and there is no space in the conversation for that truth.

This section is about the emotional aftermath that no one validates. What happened to you was a violent event. It does not matter that you survived, that your injuries were “minor,” or that the other person had it worse. Trauma is not a competition. Your anger, your fear, your grief for the life you had before the crash; all of it is legitimate, and all of it deserves attention.

6.1 The “Grateful to Be Alive” Trap

Clinical research shows that telling trauma survivors to focus on the positive actively harms recovery. Yet this is exactly what the world does to crash survivors who walked away. The message, from friends, family, coworkers, even medical providers, is that you should be grateful, not angry. You should move on, not dwell. You should count your blessings, not your injuries.

The result is that survivors suppress their anger, their fear, and their trauma because they feel they have no right to those emotions. They minimize their own experience. They stop talking about it because they’re tired of being told how lucky they are. And the emotions don’t go away; they go underground, where they surface as insomnia, irritability, avoidance, and a slow erosion of the life they had before the crash.

- **You are allowed to be angry.** You were hit by a car. You did not ask for this. The driver who hit you may face no consequences. The system may not care. You are allowed to be furious about all of it.
- **You are allowed to be afraid.** Getting back on a bicycle or walking near a road after a crash is not “getting over it.” It is an act of courage that takes time, and there is no timeline.
- **You are allowed to grieve.** You may be grieving the body you had before the crash, the confidence you had on the bike, the sense of safety you had on the road. That grief is real, even if no one died.

6.2 Anger With Nowhere to Go

This is the phrase that survivors use most often, and it captures something specific to “minor” crash victims. In a fatality case, the system at least engages: there are charges, hearings, a victim advocate, a structure for the family’s grief and rage. In a “minor” crash, the system barely registers what happened. The gap between your internal reality (you were hit by a car; your life

has been disrupted; you are in pain and afraid) and the system's response (a traffic citation, or nothing) generates a particular kind of anger: helplessness mixed with injustice.

This anger is not a character flaw. It is a normal response to an abnormal situation. But it needs somewhere to go. If it turns inward, it becomes depression. If it turns outward without structure, it burns relationships and energy. The most productive path, when you are ready, is to channel it into advocacy (Section 7) or into the legal process itself (Section 3). Many survivors describe advocacy as the only good thing that came from a terrible day.

If the anger feels consuming, name it. Write it down. "I am angry because the driver faced no consequences." "I am angry because the officer didn't care." Naming the specific source of anger is the first step toward directing it somewhere useful.

The bias described in Section 3.1 is its own source of psychological harm, separate from the crash itself. Being blamed for your own injury—by police, by media, by strangers online, by people you thought were friends—is a form of secondary traumatization. Research on victim-blaming shows it increases PTSD symptoms, delays recovery, and erodes trust in support systems.

If you are struggling not just with what the driver did to your body but with what the world is saying about it, that is not oversensitivity. It is a predictable response to a culture that defaults to the driver's perspective. Name it, and bring it to your therapist.

6.3 When Fear Becomes PTSD

Post-traumatic stress disorder affects 17.9–29.8% of road traffic crash survivors at one year post-crash. One prospective study found that 46.5% of 299 crash survivors met PTSD criteria. A 2025 systematic review found that nearly half of all road traffic crash survivors experience PTSD symptoms within six weeks, and even "minor" crashes leave 25% of survivors avoiding vehicle use for up to four months—evidence that psychological impact does not scale with physical injury severity. For cyclists and pedestrians, the rates may be higher because the vulnerability of being unprotected on the road creates a particularly intense trauma signature.

Symptoms to watch for:

- **Flashbacks or intrusive memories of the crash.** They may come when you see a car approaching, hear a horn, or pass the intersection where it happened.
- **Avoidance.** You stop riding. You take different routes to avoid roads. You feel dread when you think about getting on a bike. You avoid the intersection where it happened.
- **Hypervigilance.** You are constantly scanning for threats on the road. Your heart races when a car passes. You startle at sounds.
- **Sleep disruption.** Nightmares, insomnia, or both.

- **Emotional numbing or detachment.** You feel disconnected from activities and people you used to enjoy.
- **Irritability and anger.** Disproportionate to the trigger, persistent, and noticed by people around you.

If these symptoms persist for more than two weeks, or if they are interfering with your ability to work, ride, or maintain relationships, seek professional help. This is not weakness. This is a treatable condition. Early intervention produces significantly better outcomes.

6.4 When to Seek Help and What Kind

The most effective treatments for crash-related PTSD are well-documented:

- **EMDR (Eye Movement Desensitization and Reprocessing).** Uses bilateral stimulation during trauma recall. Strong meta-analytic evidence for motor vehicle crash PTSD. Effective for comorbid depression and anxiety. Ask potential therapists if they are EMDR-certified.
- **Cognitive Processing Therapy (CPT).** A variant of CBT that targets “stuck points”: beliefs like “it was my fault,” “roads will never be safe,” or “I should have been able to avoid it.” Recommended by the VA, DoD, and APA. Typically 12 sessions.
- **Prolonged Exposure Therapy (PE).** Graduated re-engagement with feared stimuli, including the crash site, riding a bicycle, and being near traffic. May include virtual reality exposure therapy (VRET).

A 2025 randomized controlled trial published in *Frontiers in Psychiatry* found that an online EMDR group protocol was effective for PTSD, depression, anxiety, and stress in traffic crash survivors, removing the access barrier of in-person appointments.

6.5 If Your Insurance Denies Mental Health Coverage

Despite the Mental Health Parity and Addiction Equity Act (MHPAEA), a federal law that requires insurers to cover mental health benefits no more restrictively than medical benefits, mental health claims are denied at rates approximately 85% higher than medical claims. If your insurer denies coverage for PTSD or trauma therapy related to the crash, you have the right to appeal:

if your mental health claim is denied, you have the right to appeal. The steps below walk you through the process. CounterForce Health (counterforcehealth.com) provides free template appeal letters.

- **Read the denial letter carefully.** It must specify the reason for denial.

- **Request the insurer's criteria.** They are required to provide the specific benefit determination criteria under MHPAEA.
- **File an internal appeal** with supporting clinical documentation from your treating provider.
- **If internal appeal fails, file an external appeal** through your state insurance department.
- **File a state parity complaint.** Thirty states have independent mental health parity laws.

Tip: CounterForce Health (counterforcehealth.com) provides template appeal letters and reports an 81% success rate on mental health insurance appeals. Mental health treatment related to crash-caused PTSD may also be reimbursable as restitution in criminal cases. Document every session and cost from the start.

6.6 Anniversary Reactions and Sensory Triggers

The anniversary of the crash is a clinically recognized trauma trigger. Research from the VA's National Center for PTSD documents that distressing feelings, thoughts, memories, and even physical symptoms often return on or around the anniversary date. These reactions can begin days before the date, peak on the day itself, and then subside. They can persist for years.

Beyond the anniversary, sensory triggers can surface without warning: the intersection where it happened, the sound of a car horn, the sight of a vehicle similar to the one that hit you, a car approaching from the direction you were struck. These are normal neurological responses, not signs that your recovery has failed. They are treatable with EMDR and CPT.

Plan ahead for the anniversary. Tell your therapist, your support circle, and your employer that the date is approaching. Give yourself permission to do whatever you need that day, whether that is a private ritual, a long ride, or staying home.

6.7 The Legal Process as a Trauma Trigger

If you pursue a civil claim or criminal charges, the legal process itself generates predictable trauma triggers. Each one requires you to re-enter the worst moment of your life. Knowing this in advance allows you to prepare.

Predictable trigger points include: deposition preparation and deposition day, insurance settlement negotiations, mediation sessions (potentially face-to-face with the driver), trial dates, and receiving the settlement check (which for many survivors marks the "official end" and produces grief when resolution does not feel like relief).

Build mental health support around legal calendar milestones, not just the crash anniversary. Tell your therapist when key litigation dates are approaching so proactive support can be in place.

7 • Advocacy: Turning a Bad Day Into a Safer Tomorrow

Most of the people who have been through what you are going through share one thing: they do not want it to happen to anyone else. That instinct, that refusal to let your experience be meaningless, is one of the most powerful forces in road safety. You may not be able to change what happened to you, but you can change what happens to the next person.

This takes two forms: holding the driver accountable (so they and others understand that hitting a vulnerable road user has consequences) and changing the system (so the laws and enforcement that failed you are improved for the next person). Section 3 covered the accountability side. This section covers basic ways to get involved in advocacy, and how to connect with The White Line for deeper engagement.

You do not have to become a full-time advocate. Even one email to a legislator, one appearance at a city council meeting, or one conversation with a road safety organization can make a difference. Start small. Start when you're ready.

7.1 Why Your Story Matters More Than You Think

Legislators hear statistics all day. What changes votes is a person standing in front of them saying: *"I was hit by a car on the road you drive every day. Here is what happened to me. Here is what I am asking you to do about it."*

You do not need catastrophic injuries to have a powerful story. In many ways, the *"I walked away but I shouldn't have had to"* narrative is uniquely compelling because it is relatable. Every legislator, every city council member, every transportation official has cyclists and pedestrians in their community. Your story makes the abstract concrete.

It also makes the invisible visible. Every unreported crash, every shrug from the system, every "minor" injury that gets absorbed without consequence is a failure that nobody sees. By showing up and telling your story, you are making the system look at what it has been ignoring.

7.2 Being Counted: Why Reporting Matters Beyond Your Case

Every time a cyclist or pedestrian is hit by a car and no police report is filed, that crash does not exist in the data. It is not counted in the statistics that determine which intersections get safety improvements, which roads get bike lanes, and where speed limits are reduced. It is not included in the federal Fatality Analysis Reporting System or state crash databases. It is invisible.

This invisibility has real consequences. Transportation planners allocate resources based on crash data. If a dangerous intersection shows only two crashes in five years because the other twenty were never reported, it will not be flagged for improvement. The infrastructure stays the same. The next person gets hit.

Filing a police report is an act of advocacy. Even if your case goes nowhere legally, the data point you created exists. It is counted. It contributes to the picture that eventually triggers a safety study, a speed reduction, or a protected bike lane.

7.3 Showing Up: City Council, State Legislature, Federal Policy

You do not need to be a professional advocate. You do not need to be a good public speaker. You need to show up with your story and a specific ask.

- **City council and transportation boards.** These are where infrastructure decisions are made: bike lanes, crosswalks, speed limits, signal timing. They are public meetings, and they allow public comment. Show up. Say: “On [date], I was hit by a car at [location]. Here is what I am asking you to do about that intersection.” Bring photos of the scene and your injuries. Be specific about what you want: a protected bike lane, a reduced speed limit, a pedestrian signal.
- **State legislature.** Bills affecting cyclist and pedestrian safety are introduced every session in most states. Contact your state representative and senator. Request a 15-minute meeting. Bring a one-page leave-behind with your story, the specific bill you support, and your contact information. Legislators remember the constituents who show up in person.
- **Federal policy.** Bills affecting road safety, vulnerable road user protections, and crash victim rights are introduced in Congress regularly. Contact your congressional representatives and urge them to support legislation that protects cyclists and pedestrians. The White Line tracks active federal legislation and can help you identify the bills most relevant to your experience. Visit thewhiteline.org or reach out to us directly.

7.4 The Practical Toolkit: Meetings, Testimony, One-Pagers

You do not have to figure this out alone. Organizations like The White Line track ongoing legislation at the state and federal level, can help you identify bills to support, alert you to committee hearings where survivor testimony would be powerful, and connect you with other advocates working on the same issues. Reach out to us at thewhiteline.org before your first meeting or hearing. We can help you prepare, and we may already be working on exactly the issue you care about.

- **Requesting a meeting with your legislator.** Email their office: “I’m a constituent who was recently involved in a traffic crash while [cycling/walking] in [their district]. I’d like to schedule 15 minutes to discuss [specific bill or infrastructure issue]. I’m available [dates].” Legislative staff schedule these meetings regularly; it is not unusual or difficult.
- **Preparing testimony.** Write three to five minutes of remarks. Open with who you are and what happened to you (30 seconds). Describe one specific impact (30 seconds). State

your specific ask (30 seconds). Close with why it matters beyond your case (30 seconds). Practice reading it aloud twice. You will be nervous. That is normal.

- **Writing a one-page leave-behind.** Top third: your name, the date and location of the crash, one sentence about what happened. Middle third: the specific bill or infrastructure change you support and why. Bottom third: your contact information and a call to action. Include one photograph. Print five copies.

Tip: Advocacy organizations like The White Line maintain legislative trackers and can tell you which bills in your state are active and where they are in the process. They can also connect you with other survivors who are testifying on the same bill. You are more effective as part of a coalition than as a lone voice.

7.5 Using Media to Advance Your Cause

No reporter is going to call you about your “minor” crash. But if you are working on a policy goal or legislative campaign, the media can be a tool. Pitch your story to local reporters who cover transportation or public safety. Time it to a news hook: a city council vote, sentencing hearing, or new crash data release. Once your legal case is resolved, your social media silence protocol can end and you can use those platforms strategically.

Tip: The White Line can help you craft a media pitch and connect you with reporters who cover road safety issues. Reach out to us before your first press contact.

7.6 Getting Started: Contact The White Line

You do not have to figure out advocacy alone. The White Line works with crash survivors every day to turn their experiences into meaningful change. We track legislation, coordinate testimony at committee hearings, connect survivors with each other and with legislators, and help you find the advocacy path that fits your energy and your story.

Whether you want to testify at a hearing, write to your legislator, push for a citation, or just talk to someone who understands, start with us. Visit thewhiteline.org or email us directly. We are here because of people like you, and we are here for people like you.

8 • Getting Back on the Road

At some point, you will think about the bike hanging in your garage, or the running shoes by the door, or the crosswalk you used to walk through without thinking twice. And you will feel a knot in your stomach. This section is about that knot: what it means, when to push through it, and when to get help.

8.1 The Psychology of Returning

Fear of returning to the road after a crash is not irrationality. It is a valid trauma response. Your brain recorded what happened and is doing exactly what it is designed to do: protecting you from a situation it has learned is dangerous. Recognizing this does not make the fear go away, but it reframes it from “something is wrong with me” to “my nervous system is doing its job; now I need to teach it that I can be safe again.”

Recovery is not linear. Some days you will feel ready and some days you will not. Both are normal. The goal is not to get back to where you were before the crash; the goal is to build a new relationship with the road that works for who you are now.

There is no timeline for getting back on the road. Do not let anyone else’s expectations, including your own pre-crash expectations, set the pace. Some survivors return in weeks; others take years. Both are valid.

8.2 Graduated Exposure: A Practical Approach

Clinical evidence supports a graduated return to the road. This is not about forcing yourself; it is about rebuilding confidence in small, manageable steps:

- 1. Start indoors.** A stationary trainer or indoor cycling class removes the road variable entirely while reconnecting you with the physical act of pedaling.
- 2. Move to low-traffic environments.** Empty parking lots, quiet residential streets, or multi-use paths with no vehicle traffic.
- 3. Ride with someone you trust.** Having another person beside you provides both physical safety and emotional grounding.
- 4. Gradually reintroduce traffic.** Start with low-speed, low-volume roads. Build up to busier routes as your comfort allows.
- 5. Consider new routes.** You are not obligated to ride the same roads. A new route does not carry the same trauma associations. This is not avoidance; it is practical adaptation.
- 6. Return to the crash site when ready.** This has therapeutic value when done with preparation. Site visits serve a dual purpose: psychological reclamation and community acknowledgment of what happened there.

8.3 When Fear Doesn't Fade: Clinical Options

If you have tried graduated exposure and the fear is not diminishing, or if you are unable to begin the process at all, this is not a personal failure. It is a sign that clinical intervention may be needed. The same evidence-based therapies described in Section 6.4 (EMDR, CPT, prolonged exposure therapy) are specifically effective for return-to-activity anxiety after crashes.

Virtual reality exposure therapy (VRET) is an emerging option that allows you to practice being in traffic environments in a controlled, clinical setting before facing them in the real world.

Do not return to cycling before being cleared by a physician, especially if you sustained any head injury. Second Impact Syndrome, a second head injury before the first concussion has fully resolved, is rare but potentially catastrophic. Brain researchers consider the standard six-day return-to-activity timeline for concussions too short. Follow a symptom-guided protocol, not a fixed timeline.

8.4 New Routes, New Rituals, New Normal

Your relationship with the road has changed. That is a fact, not a failure. Some survivors return to exactly the life they had before; others build something different. Both outcomes are valid.

You may find that your riding habits change: shorter rides, more cautious route selection, more visible gear, different times of day. You may find new meaning in cycling that you did not have before, riding as an act of reclamation rather than routine. You may find that indoor cycling, gravel riding, or trails replace road riding, and that this feels not like retreat but like choice.

The bike is still yours. The road is still yours. The timeline for getting back on both is yours, too. There is no deadline, no schedule, and no standard you need to meet. Whatever relationship you build with the road from here is the right one.

Appendix

Appendix A: Glossary of Legal Terms

This glossary covers terms you are likely to encounter during the legal and insurance process after a crash. You do not need to memorize any of it; just know it is here when you need it.

Term	Plain-English Meaning
Careless driving	Traffic offense involving lack of reasonable care. Often the charge when evidence is insufficient for a felony.
Comparative negligence	Legal principle that reduces your award by your percentage of fault. Over 30 states use this framework.
Contingency fee	Attorney paid a percentage of your recovery (typically 30–40%) instead of hourly rate. If you recover nothing, you owe nothing.
Contributory negligence	In a handful of states, any fault on your part bars recovery entirely.
Crash (not accident)	A preventable event with causes. Language matters: using “crash” keeps focus on accountability.
Deposition	Testimony given under oath, outside of court, recorded by a court reporter. Used in civil discovery.
Discovery	The exchange of evidence between parties in a civil lawsuit. Includes documents, depositions, and interrogatories.
EDR (Event Data Recorder)	“Black box” in vehicles logging speed, braking, and steering pre-crash. Critical evidence.
ELD (Electronic Logging Device)	Required in commercial trucks; records hours of service, speed, GPS history.
EMDR	Eye Movement Desensitization and Reprocessing. Evidence-based trauma therapy.
FMCSA	Federal Motor Carrier Safety Administration. Regulates commercial trucks and buses.
Hit and run	Leaving the scene of a crash. A crime in every state regardless of injury severity.
Maximum Medical Improvement (MMI)	The point where your condition has stabilized and future needs can be projected. Do not settle before reaching MMI.
MedPay / Medical Payments	First-party auto insurance coverage that pays medical bills regardless of fault.
MHPAEA	Mental Health Parity Act. Requires insurers to cover mental health no more restrictively than medical benefits.
Negligence	Failure to exercise reasonable care, causing harm. Basis for civil liability.

PIP (Personal Injury Protection)	No-fault auto insurance coverage for medical bills. Mandatory in 12 states.
Punitive damages	Money awarded to punish egregious conduct (road rage, DUI). Fully taxable.
Reckless driving	Willful disregard for safety. Higher threshold than careless driving.
Respondeat superior	Legal doctrine making employers liable for employees' negligent acts on the job.
Serious bodily injury	Substantial risk of death, permanent disfigurement, or protracted loss of function. Threshold for felony charges.
Spoliation	Destruction or alteration of evidence. Carries legal penalties; never delete data after a crash.
Statute of limitations	Deadline to file a lawsuit (typically 2–3 years from crash date). Missing it bars recovery forever.
Subrogation	Your health insurer's right to be reimbursed from your settlement for crash-related bills it paid.
UM/UIM	Uninsured/Underinsured Motorist coverage on your auto policy. Portable: covers you on a bicycle.
Vehicular assault	Criminal charge for causing serious bodily injury through reckless or impaired driving.
Victim impact statement	Your direct voice to the court. Read at sentencing or submitted in writing.
VINE	Victim Information and Notification Everyday. Free nationwide system for custody status alerts.

Appendix B: Documentation Checklist

Organize these files in a cloud folder with sub-folders by category. Scan or photograph every paper; never hand over your only copy.

Category	Key Documents	Why You Need Them
Crash & Legal	<ul style="list-style-type: none"> ■ Police crash report ■ Officer notes ■ Witness statements ■ Crash photos ■ Driver's insurance info ■ Court documents 	Establish facts; track case progress; supply to attorney
Medical	<ul style="list-style-type: none"> ■ ER/urgent care records ■ Imaging reports ■ Provider chart notes ■ Referral letters ■ Discharge instructions ■ Prescription records 	Foundation of insurance claim; proves crash-injury connection
Financial	<ul style="list-style-type: none"> ■ Medical bills and EOBs ■ Prescription receipts ■ Mileage log ■ Lost wage statements ■ Bike repair estimates ■ Therapy receipts 	Supports civil claim, restitution, and victim compensation
Insurance	<ul style="list-style-type: none"> ■ Your auto policy declarations page (check for UM/UIM, MedPay, PIP) ■ Driver's insurance info ■ All correspondence with adjusters 	Identifies all available coverage; documents insurer conduct
Personal Recovery	<ul style="list-style-type: none"> ■ Daily symptom journal ■ Photos of injuries over time ■ Work limitations log ■ Mental health treatment records 	Documents ongoing impact; counters "you're fine" narrative
Advocacy & Media	<ul style="list-style-type: none"> ■ Crash data from public records requests ■ Correspondence with legislators ■ Media coverage clips ■ Testimony drafts 	Supports infrastructure campaigns and policy advocacy

Tip: Name files with dates (YYYY-MM-DD) and brief descriptors: "2026-04-15_ER_Records.pdf."

Appendix C: Symptom Journal Template

The guide tells you to keep a daily symptom journal. This template gives you a structure. Print multiple copies or recreate it in a notebook or spreadsheet. Fill it out at the same time each day, evening works best, when you can reflect on the full day. Be specific, not general: “sharp pain in left shoulder when reaching overhead, 6/10” is far more useful than “shoulder hurts.” Never alter previous entries. Share this journal with your attorney before sharing it with anyone else.

Field	What to Record
Date	Today’s date (YYYY-MM-DD)
Pain level (0–10)	Overall pain level and location. Example: “Left shoulder 6/10, lower back 4/10, headache 3/10.”
New or changed symptoms	Anything new since yesterday, or anything that got worse. Dizziness, numbness, ringing in ears, vision changes.
Sleep quality	Hours slept, nightmares, insomnia, waking from pain, difficulty falling asleep.
Activities limited or missed	Anything you could not do or had to modify: work, exercise, childcare, cooking, driving, errands, hobbies.
Emotional state	Anxiety, anger, irritability, fear, sadness, avoidance of roads or traffic, flashbacks, hypervigilance.
Medical appointments	Provider name, type of visit, what was discussed or prescribed, co-pay amount.
Medications taken	Prescription and over-the-counter: name, dosage, frequency. Include pain relievers, sleep aids, anti-inflammatories.
Work impact	Hours or days missed, tasks you could not complete, reduced capacity, PTO or sick days used.

Tip: Photograph your injuries at the same time you fill out the journal, daily for the first week, then at 24 hours, 48 hours, one week, two weeks, and one month. Bruises often look worse at 48–72 hours than at the scene. These photos, paired with your journal entries, create a visual timeline that is extremely persuasive in insurance negotiations.

Appendix D: Colorado-Specific Legal Guide

Since we have a large community in Colorado, this appendix provides Colorado-specific legal information for crash survivors. If your crash happened in another state, consult an attorney licensed in that state for jurisdiction-specific guidance.

Colorado Statutes Relevant to Cyclist and Pedestrian Crashes

Tip: Statutes and bill numbers change. Always confirm current law at leg.colorado.gov or with a Colorado-licensed attorney.

Statute	What It Does
C.R.S. § 42-4-1003	Mandatory 3-foot passing distance for cyclists; enforceable even without a crash; Class A infraction, \$35 fine, 4 points
C.R.S. § 42-4-1008.5	Prohibits driving unnecessarily close to or crowding/threatening a bicyclist; violation is careless driving. This is a separate, lesser provision from the VRU penalty below
C.R.S. § 42-4-1402.5 (VRU penalty)	Careless driving causing serious bodily injury to a vulnerable road user; Class 1 misdemeanor with fines, jail, restitution, and license points. Originally enacted via SB19-175 (2019), amended by HB21-1028 (2021). Requires serious bodily injury; does NOT apply to minor injuries
C.R.S. § 18-3-205 (Vehicular Assault)	Class 5 felony (1–3 years) for reckless driving causing serious bodily injury; Class 4 felony (2–6 years) if impairment involved
Government entity notice	182-day notice deadline for crashes involving government vehicles or road defects

Important: “Serious bodily injury” under Colorado law (§ 42-4-1601(4)(b)) includes fractures, which can and do occur in crashes that initially seem “minor.” A broken collarbone from a dooring, a wrist fracture from an impact with asphalt—these may meet the threshold for the VRU enhanced penalty or vehicular assault. If your injuries include any fracture, tell your attorney and the DA’s office; you may qualify for more serious charges than a traffic citation.

Colorado Statute of Limitations

If you were hit by a motor vehicle, your Colorado personal injury claim must be filed within **3 years** of the crash date under C.R.S. § 13-80-101(1)(n). The clock starts on the collision date, not the date you discover symptoms. The 2-year deadline in § 13-80-102 applies to general tort actions and does **not** apply to motor vehicle crashes. Statutes change; confirm current deadlines with a Colorado-licensed attorney or at leg.colorado.gov.

Colorado Comparative Negligence

Colorado uses modified comparative negligence. Your recovery is barred only if your fault exceeds 50%. There is no bicycle helmet law at any age in Colorado, but a jury may still consider

failure to wear a helmet as contributing to head injury severity, reducing your award proportionally.

Colorado Insurance

Colorado is a fault-based (tort) state. This means the at-fault driver's insurance is the primary source of recovery, but the coverage minimums are dangerously low for crash survivors.

Coverage Type	Colorado Requirement	What It Means for You
Bodily injury liability (per person)	\$25,000 minimum	Maximum the at-fault driver's policy will pay you; often insufficient for serious injuries
Bodily injury liability (per accident)	\$50,000 minimum	Split among all injured parties if multiple people are hurt
Property damage	\$15,000 minimum	Covers your bicycle and gear damage
UM/UIM (uninsured/underinsured motorist)	Not mandatory, but must be offered; defaults to your liability limits unless declined in writing	Covers you when the driver has no insurance or insufficient coverage; portable to bicycle crashes
MedPay (medical payments)	Must be offered; \$5,000 minimum; defaults to included unless declined in writing	Pays your medical bills regardless of fault; no reimbursement requirement if you later settle

Colorado repealed mandatory PIP (Personal Injury Protection) in 2003. MedPay is the replacement, and it is a critical benefit: it pays crash-related medical bills regardless of who was at fault, and unlike health insurance, there is typically no subrogation claim if you later receive a settlement. If you have an auto policy in Colorado, check whether you have MedPay. If you declined it, consider adding it.

Colorado has among the worst uninsured and underinsured driver rates in the country. Approximately 17.5% of Colorado drivers are completely uninsured (9th highest nationally). Nearly 50% are underinsured (meaning they carry only the state minimum or close to it). If a driver with \$25,000 in bodily injury coverage hits you and your medical bills exceed that amount, the difference comes out of your pocket unless you have UM/UIM coverage on your own auto policy. Check your policy now.

UM/UIM coverage in Colorado is portable: it follows the insured person, not the vehicle. This means your auto policy's UM/UIM coverage applies even when you are on a bicycle, on foot, or in someone else's car. It also covers hit-and-run crashes where the driver cannot be identified. This is often the most important coverage a cyclist can have.

Colorado Crime Victim Compensation

The Colorado Crime Victim Compensation Program covers mental health treatment up to \$30,000 (as of 2026; confirm current caps with the DA’s office) if any criminal charge (including misdemeanor traffic offenses) is filed in connection with the crash. Apply through the district attorney’s office in the county where the crash occurred. This is a critical resource for PTSD treatment when health insurance denies mental health claims.

If your health insurance denies coverage for crash-related PTSD treatment, apply for Colorado Crime Victim Compensation through your local DA’s office. The program covers mental health treatment and does not require a felony charge; even a misdemeanor traffic citation qualifies.

Colorado Resources

Resource	What It Does	Contact
The White Line	Advocacy, survivor support, and legal system navigation for crash victims	thewhiteline.org
Colorado Trial Lawyers Association	Attorney referral for personal injury cases	ctla.org
Colorado Legal Services	Free legal assistance for low-income survivors	coloradolegalservices.org
CDOT Crash Data Portal	Public crash data by intersection; useful for advocacy and pattern documentation	dtdapps.coloradodot.info/otis
Colorado Crime Victim Compensation	Mental health and medical cost coverage for crime victims	Apply through local DA’s office
Colorado State Patrol Aggressive Driver Hotline	Report dangerous drivers in real time	*277 from any phone

Appendix E: Scripts: Exact Words for Difficult Conversations

Throughout this guide, we provide specific language to use in critical moments. This appendix collects those scripts in one place, along with new scripts for situations the main text does not cover. Save this page on your phone or print it out.

Calling 911

Say: “I was struck by a motor vehicle while [cycling/walking/skating]. I need an officer to respond and take a report. I may have injuries that I cannot assess right now.”

If 911 pushes back

Say: “I am requesting that an officer be dispatched. I want this crash documented. I was struck by a motor vehicle and I may have injuries.”

When the driver wants to “settle this between us”

Say: “I appreciate that, but I need a police report first. The officer will help us get the right information to each other. I’m not in a position to make any decisions right now.”

When bystanders try to move you

Say: “Thank you, but I need to stay where I am until I’ve been checked out. Can you help me by calling 911 or getting the driver’s license plate number?”

The first call from the other driver’s insurance company

Say: “I’m not prepared to discuss this today. Please send me your contact information in writing. I will respond once I’ve spoken with an attorney.”

Telling your employer

Say: “I was in a crash. I’m seeking medical attention and I’ll update you on my return as soon as I can.”

Responding to minimizing friends and family

When someone says “at least you’re okay,” “it could have been worse,” or “why were you riding there?”:

Say: “I know it seems like I’m okay, but my doctor says I need to take this seriously for the next few weeks. I appreciate your concern, the most helpful thing right now is just understanding that I’m dealing with more than it looks like.”

If you do not speak English fluently

Say: “I need an interpreter. I was hit by a car.” / “Necesito un intérprete. Me atropelló un carro.”

Appendix F: Language Access and Non-English-Speaking Survivors

Cyclists and pedestrians who speak a language other than English face additional barriers after a crash: communicating with police, understanding insurance processes, and navigating the legal system. These barriers do not reduce your rights.

- **Your right to an interpreter:** You have the right to an interpreter when speaking with police.
- **At the scene:** If you cannot communicate with the responding officer, say: “I need an interpreter” or “Necesito un intérprete.” Officers are required to provide language access in most jurisdictions.
- **With insurance companies:** Insurance companies are required to provide interpreter services during claims calls. Request one at the start of every call.
- **Legal help:** Many personal injury attorneys and legal aid organizations serve non-English-speaking clients. Colorado Legal Services (coloradolegalservices.org) provides free legal assistance in multiple languages.
- **Community support:** Ask a bilingual friend, family member, or community organization to help you complete the steps in Section 1 at the scene.

A language barrier does not reduce your legal rights or your ability to file a claim.

Do not let difficulty communicating in English stop you from calling 911, going to the ER, or contacting an attorney. Interpreter services exist for exactly this reason.