

Date _____ Time _____ am pm
Location _____
License plate of other car _____
Driver's license of other operator _____
Name of other operator _____
Address _____
Phone _____

OTHER CAR OR PROPERTY DAMAGE

Owner's name _____
Address _____
Phone _____
Car insured _____
By what Co. _____
Make _____ Model _____ Yr _____
Damage to other vehicle or property _____

Estimated cost of repairs _____
Where can veh be seen _____
Did other vehicle leave scene under own power _____

OCCUPANTS OF OTHER VEHICLE

Name _____
Address _____
Phone _____
Name _____
Address _____
Phone _____
Name _____
Address _____
Phone _____

INJURED PERSONS

Name _____
Address _____
Phone _____
Nature of injury _____
Where treated _____

Name _____
Address _____
Phone _____
Nature of injury _____
Where treated _____
What statements, if any, made by injured party or owner of damaged property _____

POLICE

Reported to police? Yes or No
 City County State of _____
Officer's name _____
Badge number _____
Were any citations issued? Yes or No
If so, to whom _____
Reported to state motor vehicles bureau?
Yes or No

Name of insured _____
Insured operator _____
License plate of your car _____
VIN No. of your car _____
Your driver's license no. _____
Your age _____
Damage to your vehicle _____
Estimated cost of repairs _____

On which side of the street were you _____
Proceeding in which direction _____
How far from the curb _____
At what speed per hour _____
Making a turn _____
Type & Condition of pavement _____

What kind of weather _____
Were traffic lights involved _____
Were lights on other vehicle lighted _____
Describe what happened _____

Anyone with you _____
Name _____
Address _____

Phone _____
Name _____
Address _____
Phone _____

PLEASE COMPLETE OTHER SIDE



WITNESSES

This is very important.
Get as many as possible!!

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____


Name _____


Address _____


Phone _____

DIAGRAM OF ACCIDENT

Indicate: Direction of travel
Road width . . .

Example: Your vehicle (No. 1) 

Other vehicle (No.2) 

Other vehicle (No.3) 

ACCIDENT REPORT

(Keep this folder in your vehicle at all times.)

IF YOU HAVE AN ACCIDENT...STOP!

1. Report the accident to the police and call for medical assistance if needed.
2. Obtain the names, addresses, and telephone numbers of any injured persons, the owner's of any damaged property and witnesses.
3. If another vehicle is involved in the accident, obtain the names, addresses and telephone numbers of the driver and owner of the vehicle. Also obtain the make, model, license number and insurance company of the vehicle.
4. Do not accept fault for the accident. Only discuss the facts of the accident with the police, your broker or adjuster.

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