



# AUTO ACCIDENT INFORMATION FORM

**KEEP THIS DOCUMENT IN YOUR GLOVE COMPARTMENT**

IF YOU HAVE AN ACCIDENT, use this form to record the facts about the accident, including names and address of all parties involved, and any witnesses to the accident. Give the completed form to your insurance agent or company, or provide the information by phone.

DATE OF ACCIDENT AND TIME <input type="text"/> <input type="text"/> AM <input type="text"/> <input type="text"/> PM		LOCATION OF ACCIDENT (INCLUDE CITY & STATE)				
DESCRIPTION OF ACCIDENT (USE REVERSE SIDE IF NECESSARY)						
AUTHORITY CONTACTED AND REPORT #			ANY VIOLATIONS/CITATIONS AS A RESULT OF THE ACCIDENT (DESCRIBE)			
<b>PROPERTY DAMAGED (NOT YOUR VEHICLE)</b>						
DESCRIBE PROPERTY (If auto, year, make model, plate #)				INSURANCE COMPANY		
OWNER'S NAME & ADDRESS			RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):	
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)			RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):	
DRIVER'S LICENSE NUMBER		DESCRIBE DAMAGE		WHERE CAN DAMAGE BE SEEN?		
<b>INJURED PARTIES</b>						
NAME & ADDRESS		PHONE (A/C, No)	AGE	DESCRIBE INJURY		
INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR						
INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR						
<b>WITNESSES OR PASSENGERS</b>						
NAME & ADDRESS		PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)	
<b>YOUR INSURED VEHICLE</b>						
YEAR	MAKE		MODEL		PLATE NUMBER	STATE
OWNER'S NAME & ADDRESS			RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):	
DRIVER'S NAME & ADDRESS (Check if same as owner)			RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):	
RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER		STATE	PURPOSE OF USE	USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE DAMAGE		WHERE CAN VEHICLE BE SEEN?		WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE	
YOUR INSURANCE COMPANY NAME			YOUR POLICY NUMBER		YOUR AGENT'S NAME	
<b>POLICYHOLDER INFORMATION</b>						
POLICYHOLDER'S NAME & ADDRESS			RESIDENCE PHONE (A/C, No):		BUSINESS PHONE (A/C, No, Ext):	
REMARKS						