



Accident Guide

Accident Facts

Name: _____

Date: _____ Time: _____

City: _____ State: _____

Where did the accident occur (road/intersection)?

Condition of the road: _____

Weather: _____

What direction were you going? _____

What was your speed? _____

Did police take a report?

Case Number: _____

Was a Ticket issued?

If so, to whom? _____

Responding police department:

How did it happen? _____

Describe damage to your vehicle: _____

Other Vehicle

Owner's Name: _____

Insured by: _____

Policy Number: _____

Vehicle license plate number: _____

Day Phone _____

Evening Phone _____

Address _____

City _____

State _____ Zip _____

Vehicle Year, Make & Model: _____

Owner's DL # & State: _____

Owner's Birthdate: _____

Driver's Name (if different from vehicle owner):

_____ \

Driver's DL # & State: _____

Driver's Birthdate: _____

Damage to other vehicle: _____
