

## Accident report form

To help us get started on your claim right away, use this form to gather important information at the time of an accident.

### Vehicle information from other driver

(Information in red is important for prompt claim handling.)

**Driver's name** \_\_\_\_\_ License no. \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_

**Work phone no.** \_\_\_\_\_ **Home phone no.** \_\_\_\_\_

Owner of vehicle \_\_\_\_\_ Telephone no. \_\_\_\_\_

Owner's address \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

**Plate no.** \_\_\_\_\_ State \_\_\_\_\_

**Insurance company** \_\_\_\_\_ **Policy no.** \_\_\_\_\_

**Be sure to write down the other driver's license plate number.**

### Accident information

Date of accident \_\_\_\_\_ Time \_\_\_\_\_

Place of accident - Street Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### Your vehicle information

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Plate no. \_\_\_\_\_ State \_\_\_\_\_

Owner of vehicle \_\_\_\_\_ Telephone no. \_\_\_\_\_

Driver's name \_\_\_\_\_ License no. \_\_\_\_\_ State \_\_\_\_\_

### Witnesses

1. Name \_\_\_\_\_ Telephone no. \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone no. \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone no. \_\_\_\_\_

Address \_\_\_\_\_

### Police investigation

Police officer's name \_\_\_\_\_ precinct \_\_\_\_\_

Badge # \_\_\_\_\_ Report # \_\_\_\_\_ Was a ticket issued? \_\_\_\_\_

If yes:  You  
 Other driver

### Injured persons

1. Name \_\_\_\_\_

Telephone no. \_\_\_\_\_

Address \_\_\_\_\_

Description of injury \_\_\_\_\_

Injured person was (Please check one):

Driver  Passenger  Pedestrian

2. Name \_\_\_\_\_

Telephone no. \_\_\_\_\_

Address \_\_\_\_\_

Description of injury \_\_\_\_\_

Injured person was (Please check one):

Driver  Passenger  Pedestrian