

## 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: <input type="checkbox"/> You		
<input type="checkbox"/> Other driver		

### Injured persons

1. Name
Telephone no.
Address
Description of injury
Injured person was (Please check one):
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian
2. Name
Telephone no.
Address
Description of injury
Injured person was (Please check one):
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian