

ACCIDENT INFORMATION FORM

Your Information:

Name: _____

Insurance Company: _____

Policy No: _____

The Other Driver's Information:

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Insurance Company: _____

Policy No: _____

Where did the accident take place: _____

What happened (a brief description): _____

What part of your car is damaged? _____

What part of the other car is damaged? _____

How many people were in the car(s)? _____

What are their names? _____

Was anyone injured? Who and how? _____

Are there any witnesses? Names and numbers: _____

Name of police officer: _____

Police Incident Number: _____