

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="checkbox"/> AM <input type="checkbox"/> PM	LOCATION OF ACCIDENT (INCLUDE CITY & STATE) _____
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DESCRIPTION OF ACCIDENT (USE REVERSE SIDE IF NECESSARY)

AUTHORITY CONTACTED AND REPORT # _____	ANY VIOLATIONS/CITATIONS AS A RESULT OF THE ACCIDENT (DESCRIBE) _____
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PROPERTY DAMAGED (NOT YOUR VEHICLE)

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? _____

INJURED PARTIES

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			

WITNESSES OR PASSENGERS

NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)

YOUR INSURED VEHICLE

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 _____
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	

POLICYHOLDER INFORMATION

POLICYHOLDER'S NAME & ADDRESS _____	RESIDENCE PHONE (A/C, No): BUSINESS PHONE (A/C, No, Ext):
REMARKS _____	