

## Car 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 # State

Address

Mobile phone Home phone

Owner of vehicle

Owner's address

Year Make Model

Plate # State

Insurance company Policy #

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 # State

Owner of vehicle Phone

Driver's name License # State

### Witnesses

1. Name Phone

Address

2. Name Phone

Address

3. Name Phone

Address

### Police investigation

Police officer's name Precinct

Badge # Report # Was a ticket issued?

If yes:  You  
 Other driver

### Injured persons

1. Name

Phone

Address

Description of injury

Injured person was (Please check one):

Driver  Passenger  Pedestrian

2. Name

Phone

Address

Description of injury

Injured person was (Please check one):

Driver  Passenger  Pedestrian