Car Accident Information Form (Keep this form in your car with a pen and your insurance card.)

Quick Tips After an Accident:	Vehicle #1:
✓ Try to stay calm	Driver's Name:
 If anyone is injured call for help immediately Call the police if there is significant property damage, 	Divers License #.
your car is not drivable, or you suspect the other	Driver's Address & Phone #:
driver is guilty of a crime (ex. drunk driving)	
 Do not admit fault, sign anything, or offer to pay for 	Owner's Contact Information: (if different than driver's)
any damages regardless of the circumstances	
 Discuss the accident only with the police Notify your insurance company as soon as possible 	Insurance Company:
 Notify your insurance company as soon as possible Complete this form in as much detail as you can 	Insurance Company: Expires
✓ Take photos if possible (camera phone?)	
	Vehicle Make, Model & Year:
The Accident:	License Plate #: State:
Date and Time:	
Location: (include city, state & street names)	Carefully examine the vehicle & describe any damage:
Elocation: (merade etty, state & street names)	
Road Conditions:	
Weather Conditions: Your Speed:	
What Direction Were You Going: Your Speed:	
*On the opposite side of this form is a space to describe	Name & Position of Passengers: (ex. driver's side rear)
& sketch the accident in detail. Do this a.s.a.p.	
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If police were called, obtain the following:	Vehicle #2:
Police Officer Name, Badge #, & Precinct:	
	Driver's Name:
Police Report #:	Driver's Address & Phone #:
Any citations issued? List here:	
	Owner's Contact Information: (if different than driver's)
Was Anyone Injured? List who (driver, pedestrian, etc.),	
name, address, phone#, & nature of injuries:	Insurance Company:
	Insurance Company: Expires
	, <u> </u>
	Vehicle Make, Model & Year:
	License Plate #: State:
	Carefully examine the vehicle & describe any damage:
Name, Address & Phone# of Any Witnesses:	
	Name & Position of Passengers:
*Independent witnesses are most important	

 Show vehicles and roads in the sketch Using arrows, indicate the direction vehicles were traveling Number vehicles: Yours #1, Other(s) #2,3, etc. 	What Happened? (Describe the accident in detail)	
Sketch the accident in the space below: > Show vehicles and roads in the sketch > Using arrows, indicate the direction vehicles were traveling > Number vehicles: Yours #1, Other(s) #2,3, etc.		
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