

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): _____
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)	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): _____			
DRIVER'S NAME & ADDRESS (Check if same as owner)				BUSINESS PHONE (A/C, No, Ext): _____			
RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE	USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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