

“When you’re in an accident, it’s hard to remember what to do. Keep this little pamphlet handy (in your glove box) to help you through.”

FOLLOW THESE STEPS WHEN RECORDING ALL THE DETAILS OF THE ACCIDENT.

My auto insurance policy number is:

My Agent’s name and telephone number is:

1. OTHER VEHICLE INVOLVED

Make of Vehicle _____ Year _____

Type _____

Plate No. & State _____

Driver _____

Address _____

Phone (H) _____ (W) _____

Owner _____

Address _____

Phone (H) _____ (W) _____

Describe Damage _____

Insurance Company _____

Policy Number _____

2. WITNESSES/OCCUPANTS

() Witness () Occupant

Name _____

Address _____

Phone (H) _____ (W) _____

() Witness () Occupant

Name _____

Address _____

Phone (H) _____ (W) _____

3. PERSONS INJURED

Name _____ Age _____

Address _____

Phone (H) _____ (W) _____

Nature of Injuries _____

Seat Belt Used: Yes _____ No _____

Name of Hospital _____

Name _____ Age _____

Address _____

Phone (H) _____ (W) _____

Nature of Injuries _____

Seat Belt Used: Yes _____ No _____

Name of Hospital _____

Name _____ Age _____

Address _____

Phone (H) _____ (W) _____

Nature of Injuries _____

Seat Belt Used: Yes _____ No _____

Name of Hospital _____

Name _____ Age _____

Address _____

Phone (H) _____ (W) _____

Nature of Injuries _____

Seat Belt Used: Yes _____ No _____

Name of Hospital _____

4. POLICE INVESTIGATION

() Yes () No

Police Department _____

Officer’s Name _____

ID No. _____

Department Location _____

Incident Number _____

5. DATE, TIME AND PLACE OF ACCIDENT

Date _____ Time: _____ a.m./p.m.

State _____ County _____

City _____

On _____

At or Near _____

6. PROPERTY DAMAGE OTHER THAN VEHICLE

(mailbox, buildings, fence, personal effects, etc.)

Property Owner _____

Address _____

Phone (H) _____ (W) _____

Describe Damage _____

