Car Accident
INFORMATION FORM

❚ **Keep this form in your car with a pen and your insurance card.**

Tips After an Accident

- **Try to stay calm**

- **If anyone is injured call for help immediately**

- **Call the police if there is significant property damage, your car is not drivable, or you suspect the other driver is guilty of a crime (ex. drunk driving)**

- **Do not admit fault, sign anything, or offer to pay for any damages regardless of the circumstances**

- **Discuss the accident only with the police**

- **Notify your insurance company as soon as possible**

- **Complete this form in as much detail as you can**

- **Take photos if possible (camera phone?)**

The Accident ❚ On the other page of this form is a space to describe & sketch the accident in detail. Do this a.s.a.p.

Date and Time: _____

Location:
(city, state & street names) _____

_____

What Direction Were You Going: _____

Road Conditions: _____

Weather Conditions: _____

_____

Your Speed: _____

If police were called, obtain the following:

**Police Officer Name,
Badge No., & Precinct:** _____

Police Report No: _____

1   **Was Anyone Injured? List who** (driver, pedestrian, etc.), **name, address, phone no., & nature of injuries:**

_____

_____

2   **Name, Address & Phone No. of Any Witnesses:**

_____

_____

_____

Disclaimer: This information is intended solely for educational purposes and does not constitute legal advice.

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Car Accident INFORMATION FORM

Vehicle #1

Driver's Name: _____

Driver's License No.: _____

**Driver's Address
& Phone No.:** _____

_____

Owner's Contact Information
(if different than driver's)**:** _____

Insurance Company: _____

Policy No.: _____ **Expires:** _____

Vehicle Make, Model & Year: _____

_____

License Plate No.: _____ **State:** _____

1 **Carefully examine the vehicle
& describe any damage:**

_____

_____

_____

2 **Name & Position of Passengers:**
(ex. driver's side rear)

_____

_____

Vehicle #2

Driver's Name: _____

Driver's License No.: _____

**Driver's Address
& Phone No.:** _____

_____

Owner's Contact Information
(if different than driver's)**:** _____

Insurance Company: _____

Policy No.: _____ **Expires:** _____

Vehicle Make, Model & Year: _____

_____

License Plate No.: _____ **State:** _____

1 **Carefully examine the vehicle
& describe any damage:**

_____

_____

_____

2 **Name & Position of Passengers:**
(ex. driver's side rear)

INJURY CLAIM COACH

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What happened?

(1) **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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