

ACCIDENT FACTS

1. When and Where

Date _____ Time _____ .M.

City _____ State _____

2. Parties Involved

Our Driver:
Name _____

Driver's License No. _____

Telephone No. _____

Address _____

City _____ State _____

Vehicle _____

Year _____ Model _____ Type _____

License Plate No. _____

State _____

Describe Damage (What and How)* _____

Owner of Other Vehicle or Pedestrian:

Name _____

Telephone No. _____

Address _____

Number and Street _____

City _____ State _____

Insured With _____

Policy No. _____

3. Conditions

	MY VEHICLE	OTHER VEHICLE		
Driving on				
What Street				
How Fast				
In What Direction				
Signal Given				
Lights On				
Condition of Street	Dry	Wet/Muddy	Snowy	Ice

(please check one)

4. Injuries* (If anyone is hospitalized, list name and location of hospital..)

OTHER VEHICLE:	
Name	Name
Phone No.	Phone No.
Address	Address
Hospital	Hospital

PEDESTRIAN:	
Name	Name
Phone No.	Phone No.
Address	EFFECTIVE DATES: 7/1/08 - 7/1/09
Hospital	Hospital

MY VEHICLE:	
Name	Name
Phone No.	Phone No.
Address	Address
Hospital	Hospital

*List Additional Information on Reverse Side.

5. Police Investigation

Notified Police updated 08/2008 tjh

YES NO

Department _____

Badge No.(s) _____

Arrests or Citations

You Other Driver

