

Record the Facts

Accident Report

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Draw diagram of accident showing the direction of both vehicles and the point of the accident.

Your Insurance Company

Your Policy #

Your Agent

Date of Accident

Time of Accident

Location

Other Driver's Name

Address

City

State

Zip Code

Phone

Yr, Make, Model of Vehicle

License #

Drivers License # (include State Issued)

Insurance Company

Agent

Policy #

Witness 1

Name

Phone

Address

City

State

Zip Code

Witness 2

Name

Phone

Address

City

State

Zip Code

Please keep this in your glove box. Fill out and exchange information in case of accident.