

**In case of accident, complete ALL of the following information:**

**Accident Facts**

Date \_\_\_\_\_ Time \_\_\_\_\_

City \_\_\_\_\_

Street \_\_\_\_\_

Condition of road \_\_\_\_\_

Weather \_\_\_\_\_



What direction were you going?

\_\_\_\_\_ Speed \_\_\_\_\_

Did police take report? \_\_\_\_\_

Responding police department? \_\_\_\_\_

Case Number? \_\_\_\_\_

How did it happen? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your Vehicle**

Owner \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Make \_\_\_\_\_

Vehicle No. \_\_\_\_\_

License No. \_\_\_\_\_

Driver \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Damaged part(s) of vehicle

\_\_\_\_\_

\_\_\_\_\_

**Other Vehicle(s)**

Owner \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Make \_\_\_\_\_

License No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Insured by \_\_\_\_\_

Policy No. \_\_\_\_\_

Damaged part(s) of vehicle

\_\_\_\_\_

\_\_\_\_\_

**Damage to Other Property**

Property \_\_\_\_\_

Owner \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Nature of damage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Injured Person(s)**

Name \_\_\_\_\_

Age \_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Type of injury \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Type of injury \_\_\_\_\_

\_\_\_\_\_

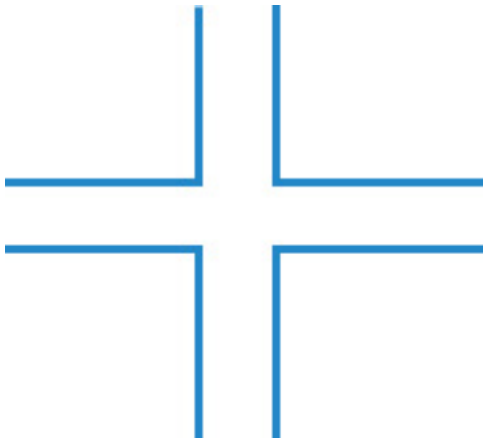
\_\_\_\_\_

\_\_\_\_\_

**If you are involved in an accident, remember to:**

1. Get help for all injured.
2. Get name, address, phone number, make of vehicle and license number of other driver(s), all passengers and all witnesses.
3. Carefully examine damage to other vehicle(s) involved.
4. *Do NOT admit fault.*
5. Discuss the accident only with police or your insurance representative
6. Notify your agent immediately.

**Sketch the Accident**



**Show Vehicles in Sketch**

Yours: No. 1

Other(s): No. 2, 3, 4 ...

Indicate direction of each vehicle with arrows.

**Witnesses**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

List ALL other witnesses on separate sheet of paper.

COMPLIMENTS  
OF



**IN CASE OF AN  
ACCIDENT**

**SettlementCentral.Com**

The Best Online Help for  
Injured People

Do-it-yourself  
Insurance Claims

*Before placing in glove compartment  
of your car, fill in your insurance  
information:*

Car Insurance Co. \_\_\_\_\_

Agent \_\_\_\_\_

Agent's Phone \_\_\_\_\_

Policy No. \_\_\_\_\_