

Accident Checklist

Keep this form in the glove compartment of your car and refer to it in case you are involved in an accident. This is NOT an official accident form, but can be filled out and used as a checklist to make sure you have all the information you need regarding the other driver(s) and vehicle(s) involved for your insurance claim and/or the Department of Public Safety.

Date and Time of Accident :	_____	Accident Location: (street)	_____
Any Injuries ?	() YES () NO () UNKNOWN	Accident Location: (city, state)	_____
Name of other Driver:	_____	Driver's License Number:	_____
Driver Address:	_____	Driver Telephone Number:	_____
Name of Owner: (if different than driver)	_____	Owner Telephone Number:	_____
Owner Address:	_____	Number of Occupants :	_____
Name of Insurance Company:	_____		
Policy Number:	_____	Ins Company Phone Number:	_____
Vehicle Description:	_____	Vehicle Type: _____	Make: _____
	<small>YEAR/MODEL</small>	<small>SEDAN, TRUCK, ETC.</small>	<small>FORD, CHEV., ETC.</small>
License Plate Number:	_____		
	<small>NUMBER</small>	<small>STATE</small>	<small>YEAR</small>

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