

Accident Checklist

Date: _____ Time: _____

Location: _____

Weather Conditions: _____

Your Car

Other Car

License Plate #: _____ License Plate #: _____

VIN: _____ VIN: _____

Make/Model/Yr _____ Make/Model/Yr _____

Driver: _____ Driver: _____

Passenger 1: _____ Passenger 1: _____

Passenger 2: _____ Passenger 2: _____

Additional Passengers: _____ Additional Passengers: _____

Driver's Information

Driver's Information

Name: _____ Name: _____

License #: _____ License #: _____

Issuing State: _____ Issuing State: _____

Exp Date: _____ Exp Date: _____

Insurance Card Information

Insurance Card Information

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Company: _____ Company: _____

Policy #: _____ Policy #: _____

Agent: _____ Agent: _____

Police Report

Responding Department: _____

Officer's Name: _____

Badge #: _____

Accident Description: _____

Witnesses: _____
