

THIS DOCUMENT CONTAINS IMPORTANT INFORMATION AND SHOULD BE COMPLETED IN CASE OF AN ACCIDENT

Remain at the scene of the accident and stay calm.

Notify the police.

Exchange information with other driver.

Other Driver:

Name: _____

Address: _____

Telephone Number: _____

Driver's License Number: _____

Insurance Company: _____

Policy Number: _____

Year, Make, Model, Color of Vehicle: _____

License Tag Number: _____

Owner (If not the driver):

Name: _____

Address: _____

Telephone Number: _____

Driver's License Number: _____

Insurance Company: _____

Policy Number: _____

Witness 1:

Name: _____

Address: _____

Telephone Number: _____

Witness 2:

Name: _____

Address: _____

Telephone Number: _____

Passenger:

Name: _____

Address: _____

Telephone Number: _____

Statement by Other Driver:

Police:

Police Department: _____

Investigating Officer: _____

Badge Number: _____

Report Number: _____

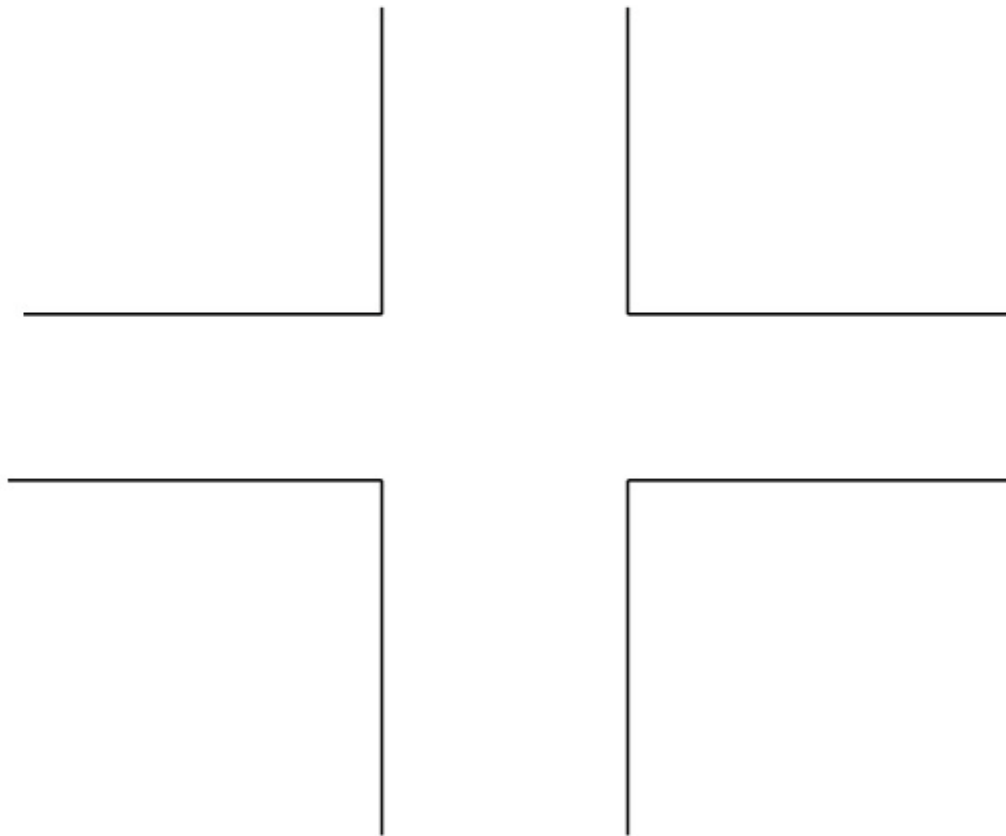
Accident Information:

Date of Accident: _____

Time of Accident: _____

Weather Condition: _____

Accident Diagram:



Show the following:

Street you were on:

Your direction of travel:

Street other driver was on:

Other driver's direction of travel: