

ACCIDENT INFORMATION

(Keep this guide handy in the event of a collision.)

DATE: _____

TIME: _____

WEATHER: _____

ROAD CONDITIONS: _____

OTHER DRIVER'S INFORMATION: _____

NAME: _____

HOME PHONE NUMBER: _____

WORK PHONE NUMBER: _____

VEHICLE MAKE: _____

MODEL: _____

YEAR: _____

LICENSE PLATE NUMBER: _____

INSURANCE COMPANY'S NAME: _____

POLICY NUMBER: _____

DAMAGE DESCRIPTION: _____

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