Fill out as completely as possible:

ACCIDENT INFORMATION

Time __________________ Date ______________________

Location (address and/or landmarks):
________________________________________________
________________________________________________
________________________________________________

Conditions (weather, traffic and/or road):
________________________________________________
________________________________________________

Describe the accident (add direction of travel, speed, etc.):
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________

Describe any injuries to you, to passengers or bystanders. Include information about emergency response (police/ambulance):
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________

Describe damage to your vehicle (add photos if possible):
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________

Do you have a camera or mobile device on hand?

Here is a checklist of photos to take when documenting an accident.

STAY SAFE. DO NOT take photos at the scene if doing so will put you or others at risk of injury or further damage!

✓ License plate(s) of vehicles involved
✓ Damage to other vehicles involved
✓ Damage to your vehicle
✓ Landmarks, street signs or address markers to identify the location
✓ Damage to any property or objects at the scene (debris, skids, fallen trees, etc.)

Protect Your ID

DO NOT allow your driver’s license to be photographed. Provide your name and correct VEHICLE INSURANCE INFORMATION to others involved in an accident. Obtain contact and driver’s license information if ownership/insurance documentation is not provided.

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STAY CALM. Call an ambulance if needed. ALWAYS call the police. If police are not dispatched, be sure to file an incident report.

STAY SAFE. Traffic, fire, injury, debris and weather all pose continuing risks.

STAY SMART. Be courteous, but do not admit fault. And ALWAYS protect your identity.

USE this guide to collect information to file an accident report with your insurance company.

Provide the following

NAME: __________________________

YOUR VEHICLE INSURANCE INFORMATION:
Vehicle Make: _______________ Model: _______________
Year: _________ Color: ___________________________
VIN: __________________________
Insurance Company: __________________________
Agent: __________________________
Agent’s Phone: __________________________
Policy Number: __________________________
REMEMBER: Vehicles may be borrowed, rented, etc. Be sure that the insurance information (VIN, make, model, etc.) presented to you matches each vehicle in question. Use “NOTES” to provide any necessary detail.

DRIVER/VEHICLE INFORMATION:
Name: _____________________________________________
Vehicle Make: _____________ Model: ____________________
Year: _______ Color: _________ Lic. Plate #________________
VIN #: ______________________________________________

INSURANCE INFORMATION
Company: ___________________ Agent: _________________
Phone: _____________________________________________
Policy #: ____________________________________________
Exp. Date: __________________________________________
Address: ____________________________________________
____________________________________________________
Phone: _______________ Driver’s License#________________

Consider ID protection. Obtain if ownership/insurance documentation is not provided.

DAMAGE TO PROPERTY (NON-VEHICLE)
Include address (location) and description of damage to objects or property:

PASSENGER/WITNESS:                      NOTES:
Name: _________________________
Address: ________________________
________________________________
Phone: _________________________

PASSENGER/WITNESS:                      NOTES:
Name: _________________________
Address: ________________________
________________________________
Phone: _________________________

PASSENGER/WITNESS:                      NOTES:
Name: _________________________
Address: ________________________
________________________________
Phone: _________________________

POLICE INFORMATION                      Was a police report filed? YES | NO
Officer’s Name: _______________________
Jurisdiction (City, County, etc): ____________
Badge #: ______________________________
Report #: ______________________________
Time/Date: ____________________________

NOTE: If no police report is filed, be sure to file an incident report for your claim.

Visit map.naic.org for state insurance department contact information.

Use this space to add notes or drawings: