



# ACCIDENT INFORMATION REPORT CARD

INSTRUCTIONS: COMPLETE AS MUCH INFORMATION AS POSSIBLE AT THE ACCIDENT SCENE. COMPLETE THE REST AS SOON AS POSSIBLE.

- 1) Date of Accident \_\_\_\_\_
- 2) Location & Streets \_\_\_\_\_
- 3) How Accident Happened \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## YOU

- 1) Your name \_\_\_\_\_
- 2) Your address \_\_\_\_\_
- 3) Your phone \_\_\_\_\_
- 4) Your vehicle \_\_\_\_\_  
Year/Make/License Plate #
- 5) Your injuries \_\_\_\_\_
- 6) Names of hosp. & Drs. you went to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7) Names, Addresses, Phone of Your Passengers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT**  
**BEFORE SPEAKING TO ANYONE ELSE**  
To Know And Protect Your Rights  
Call Us Immediately

## OTHER VEHICLES

- 1) Name of Driver \_\_\_\_\_
- 2) Address of Driver \_\_\_\_\_
- 3) Date of Birth of Driver \_\_\_\_\_
- 4) Name of Insurance Co. \_\_\_\_\_  
and Policy No. \_\_\_\_\_
- 5) Date Insur. Card Exp. \_\_\_\_\_
- 6) His vehicle \_\_\_\_\_  
Year/Make/License Plate #
- 7) Name of Owner \_\_\_\_\_
- 8) Names, Address, Phone of His Passengers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## NAMES, ADDRESSES & PHONE OF ALL WITNESSES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## NAMES OF ALL INJURED PERSONS

\_\_\_\_\_  
\_\_\_\_\_

## POLICE

Precinct/Name of Officer/Accident No.

## OTHER INFO.

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