

# ACORD™ AUTO ACCIDENT INFORMATION FORM

**KEEP THIS DOCUMENT IN YOUR GLOVE COMPARTMENT**

IF YOU HAVE AN ACCIDENT, use this form to record the facts about the accident, including names and address of all parties involved, and any witnesses to the accident. Give the completed form to your insurance agent or company, or provide the information by phone.

DATE OF ACCIDENT AND TIME  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; border: 1px solid black; height: 20px;"></td> <td style="width:15%; border: 1px solid black; height: 20px;"></td> <td style="width:15%; border: 1px solid black; height: 20px;"></td> <td style="width:15%; border: 1px solid black; height: 20px;"></td> <td style="width:15%; border: 1px solid black; height: 20px;"></td> <td style="width:15%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">AM</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">PM</td> <td></td> </tr> </table>											AM						PM		LOCATION OF ACCIDENT (INCLUDE CITY & STATE)
				AM															
				PM															

DESCRIPTION OF ACCIDENT (USE REVERSE SIDE IF NECESSARY)
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AUTHORITY CONTACTED AND REPORT #	ANY VIOLATIONS/CITATIONS AS A RESULT OF THE ACCIDENT (DESCRIBE)
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<b>PROPERTY DAMAGED (NOT YOUR VEHICLE)</b>	
DESCRIBE PROPERTY (If auto, year, make, model, plate #)	INSURANCE COMPANY
OWNER'S NAME & ADDRESS	RESIDENCE PHONE (A/C, No):
OTHER DRIVER'S NAME & ADDRESS <small>(Check if same as owner)</small>	BUSINESS PHONE (A/C, No, Ext):
DRIVER'S LICENSE NUMBER	RESIDENCE PHONE (A/C, No):
DESCRIBE DAMAGE	BUSINESS PHONE (A/C, No, Ext):
	WHERE CAN DAMAGE BE SEEN?

<b>INJURED PARTIES</b>			
NAME & ADDRESS	PHONE (A/C, No)	AGE	DESCRIBE INJURY
INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR			
INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR			

<b>WITNESSES OR PASSENGERS</b>				
NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)

<b>YOUR INSURED VEHICLE</b>					
YEAR	MAKE	MODEL	PLATE NUMBER	STATE	
OWNER'S NAME & ADDRESS	DRIVER'S NAME & ADDRESS <small>(Check if same as owner)</small>		RELATION TO INSURED (Employee, family, etc.)		DATE OF BIRTH
DRIVER'S LICENSE NUMBER		STATE	PURPOSE OF USE	USED WITH PERMISSION? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DESCRIBE DAMAGE	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE		
YOUR INSURANCE COMPANY NAME	YOUR POLICY NUMBER	YOUR AGENT'S NAME			

<b>POLICYHOLDER INFORMATION</b>	
POLICYHOLDER'S NAME & ADDRESS	RESIDENCE PHONE (A/C, No):
REMARKS	BUSINESS PHONE (A/C, No, Ext):

**EXCHANGE OF INFORMATION FORM**

**COMPLETE AND GIVE TO OTHER PARTIES INVOLVED IN THE ACCIDENT**

POLICYHOLDER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_

INSURANCE AGENT \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

INS CO PHONE # \_\_\_\_\_

POLICY # \_\_\_\_\_

**WITNESS CARD**

DATE AND TIME OF ACCIDENT \_\_\_\_\_  
DID YOU SEE THE ACCIDENT? \_\_\_\_\_  
DID ANYONE APPEAR INJURED? \_\_\_\_\_  
WERE YOU A PASSENGER? \_\_\_\_\_  
WHERE WERE YOU AT TIME OF ACCIDENT? \_\_\_\_\_  
HOW DID THE ACCIDENT HAPPEN? \_\_\_\_\_  
\_\_\_\_\_

YOUR NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_  
WHAT WAS YOUR DESTINATION? \_\_\_\_\_  
WHERE DID YOU DEPART FROM? \_\_\_\_\_

**PLEASE COMPLETE THIS CARD AND RETURN IT TO DRIVER - THANK YOU.**

USE REVERSE SIDE IF NECESSARY.