

# Vehicle Accident Form

## ACCIDENT DETAILS:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (a.m./p.m.) Accident Location: (include street/city/state) \_\_\_\_\_

Briefly describe what happened \_\_\_\_\_

What Police Department Responded (State, County or City) \_\_\_\_\_

Officer Name \_\_\_\_\_ Report # \_\_\_\_\_

## DRIVER/PASSENGER INFORMATION:

Driver Name \_\_\_\_\_ Phone # \_\_\_\_\_ Injured? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License # \_\_\_\_\_ DOB \_\_\_\_\_ State \_\_\_\_\_

Passenger Name \_\_\_\_\_ Phone # \_\_\_\_\_ Injured? Yes \_\_\_\_\_ No \_\_\_\_\_

## INSURED VEHICLE INFORMATION:

Vehicle Involved: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN # (last 6) \_\_\_\_\_

Area of damage to your vehicle? \_\_\_\_\_

Where can vehicle be seen? \_\_\_\_\_

## OTHER VEHICLE INFORMATION:

Driver Name \_\_\_\_\_ Phone # \_\_\_\_\_ Injured? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Passenger Name \_\_\_\_\_ Phone # \_\_\_\_\_ Injured? Yes \_\_\_\_\_ No \_\_\_\_\_

Vehicle Involved: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN# (last 6) \_\_\_\_\_

Area of damage to other vehicle? \_\_\_\_\_

Insurance Carrier/Agent \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone # \_\_\_\_\_

## WITNESS INFORMATION:

Witness \_\_\_\_\_ Phone # \_\_\_\_\_

*(If multiple entries needed, please use back or separate sheet)*



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