

AUTO ACCIDENT CHECKLIST

Accident information

Date _____ Time _____

Location _____

Other vehicle information

Make _____ Model _____

Color _____ License Plate No. _____

Damage _____

Vehicle owner's information, if different

Name _____

Phone No. _____

Drivers License No. _____

Social Security No. _____

Date of Birth _____

Insurance Co./Agent _____

Other driver information

Name _____

Address _____

City _____

State _____ Zip _____

Phone No. _____

Drivers License No. _____

Social Security No. _____

Date of Birth _____

Insurance Co./Agent _____

Passenger information

Name _____

Address _____

Phone No. _____

Nature of Injury _____

Witness information

Name _____

Address _____

Phone No. _____

Name _____

Address _____

Phone No. _____

Law enforcement information

Reported to Police Yes No

Officer Name or Badge No. _____

Citation Issued _____

Description of accident

Contact your insurance agent or company as soon as possible: Give the, a copy of this information.