

Action Automotive Collision Center 757-397-7041

Accident Information Form

(Print this form and keep it in your glove compartment)

ACCIDENT DETAILS				
Date	Time	Street/Intersection		
Police Dept./Sheriff		Report #		
OTHER VEHICLE INFORMATION				
Year	Make	Model		
License Plate #	Color	# of Passengers		
OTHER DRIVER INFORMATION				
Last Name		First Name		
Street Address		City	State/Province	Zip/Postal Code
Home Phone	Business Phone		Cell Phone	
Drivers License #	Insurance Company		Policy #	
REGISTERED OWNER OF OTHER VEHICLE (if different)				
Last Name		First Name		
Street Address		City	State/Province	Zip/Postal Code
Home Phone	Business Phone		Cell Phone	
Drivers License #	Insurance Company		Policy #	
OTHER VEHICLE PASSENGER INFORMATION				
1. Last Name		First Name		
Street Address		City	State/Province	Zip/Postal Code
Home Phone	Business Phone		Cell Phone	
Drivers License #	Insurance Company		Policy #	
2. Last Name		First Name		
Street Address		City	State/Province	Zip/Postal Code
Home Phone	Business Phone		Cell Phone	
Drivers License #	Insurance Company		Policy #	
WITNESS INFORMATION				
1. Last Name		First Name		
Street Address		City	State/Province	Zip/Postal Code
Home Phone	Business Phone		Cell Phone	
2. Last Name		First Name		
Street Address		City	State/Province	Zip/Postal Code
Home Phone	Business Phone		Cell Phone	

It may be useful to make a diagram on the back of this form showing the position of all vehicles involved in the accident. Include: direction vehicle(s) were traveling in, point of impact, location of traffic lights/signs and intersections with street names.