



**ACCIDENT INFORMATION FORM      KEEP IN GLOVE BOX**  
*Fill Out This Form at the scene of the accident*

Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

**THE OTHER DRIVER AND CAR:**

Name \_\_\_\_\_ Vehicle Lic. # \_\_\_\_\_ State: \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Year, Make, and model, of car \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Any verbal statement made by other driver as to cause of accident \_\_\_\_\_

**NAMES AND ADDRESSES OF PASSENGERS IN OTHER CAR**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Injuries? \_\_\_\_\_

**PROPERTY DAMAGE:** Your Car \_\_\_\_\_

Other Car \_\_\_\_\_

**WITNESSES? (Name and phone #)** \_\_\_\_\_

**DESCRIBE WHAT HAPPENED:** \_\_\_\_\_

**SPECIAL CONDITIONS:(including position of cars, skid mark, road, traffic, and weather conditions, traffic controls, etc.)** \_\_\_\_\_

Draw a diagram of the accident showing the direction of both cars and the site of the accident. Show street names, location of traffic signs (stop, yield etc.) and traffic lights.

***For help or an immediate appointment, call (503) 669-9495.***

***After hours call (503) 358-0293.***