Accident Checklist

Keep this form in the glove compartment of your car and refer to it in case you are involved in an accident. This is NOT an official accident form, but can be filled out and used as a checklist to make sure you have all the information you need regarding the other driver(s) and vehicle(s) involved for your insurance claim and/or the Department of Public Safety.

Date and Time of Accident : _____

Accident Location: (street) _____

Any Injuries ? ( ) YES ( ) NO ( ) UNKNOWN

Accident Location: (city, state) _____

Name of other Driver: _____ Driver's License Number: _____

Driver Address: _____ Driver Telephone Number: _____

Name of Owner: (if different than driver) _____ Owner Telephone Number: _____

Owner Address: _____ Number of Occupants : _____

Name of Insurance Company: _____

Policy Number: _____ Ins Company Phone Number: _____

Vehicle Description: _____ (YEAR/MODEL) Vehicle Type: _____ (SEDAN, TRUCK, ETC.) Make: _____ (FORD, CHEV., ETC.)

License Plate Number: _____ (NUMBER) _____ (STATE) _____ (YEAR)

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