

# 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 : \_\_\_\_\_

Any Injuries ?     YES     NO     UNKNOWN

Name of other Driver: \_\_\_\_\_

Driver Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_  
(if different than driver)

Owner Address: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Accident Location: (street) \_\_\_\_\_

Accident Location: (city, state) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Driver Telephone Number: \_\_\_\_\_

Owner Telephone Number: \_\_\_\_\_

Number of Occupants : \_\_\_\_\_

Ins Company Phone Number: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ Make: \_\_\_\_\_  
YEAR/MODEL                      SEDAN, TRUCK, ETC.                      FORD, CHEV., ETC.

NUMBER                      STATE                      YEAR

---

# 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 : \_\_\_\_\_

Any Injuries ?     YES     NO     UNKNOWN

Name of other Driver: \_\_\_\_\_

Driver Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_  
(if different than driver)

Owner Address: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Accident Location: (street) \_\_\_\_\_

Accident Location: (city, state) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Driver Telephone Number: \_\_\_\_\_

Owner Telephone Number: \_\_\_\_\_

Number of Occupants : \_\_\_\_\_

Ins Company Phone Number: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ Make: \_\_\_\_\_  
YEAR/MODEL                      SEDAN, TRUCK, ETC.                      FORD, CHEV., ETC.

NUMBER                      STATE                      YEAR