

FORM F: MOTOR VEHICLE ACCIDENT REPORT

The information recorded in this kit is critical to the accident investigation process. Please take the time to fill out all sections with as much detail as possible.

1. STOP. Help injured persons get medical assistance.
2. Get the names of owners and drivers involved, name of their insurance company, driver's license numbers, registration numbers of cars involved, names and address of all occupants.
3. Detach Courtesy Information cards, ask witnesses to fill out and return to you.
4. Remember locations of cars or pedestrians involved in the accident, both prior to its occurrence and afterward, so that you will be able to draw a diagram.
5. Express no opinion as to whom was at fault. Give no information except as required by the authorities. Sign no statement for anyone except as required by authorities.
6. When an accident occurs locally, contact your supervisor who will then notify the agent.

7. Ascertain from local police what accident reports are required of you.
8. Your interest will be served best if you are courteous and engage in no controversy at the scene of the accident but leave the entire handling of the claim to the insurance representative.

ACCIDENT REPORT: YOUR VEHICLE

Your name _____
 Phone number _____
 Driver's Lic. No. _____
 Lic. Plate No. _____
 Make of Vehicle _____ Model _____ Yr. _____
 ACCIDENT:
 Date _____ Time _____ AM PM
 Place of Accident _____

 Vehicle Speed _____ Direction N E S W
 CONDITIONS:
 Pavement Dry Wet Ice Snow
 Weather _____
 Visibility _____
 Traffic Control Lights Sign None
 Police Investigation Yes No Report # _____
 Police City County State Other
 Summons Issued Yes No

OTHER VEHICLE

Driver's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____
 Driver's Lic. No. _____
 Lic. Plate No. _____
 Make of Vehicle _____ Model _____ Yr. _____
 Owner _____
 Ins. Co. _____
 Vehicle Speed _____ Direction N E S W

OTHERS INVOLVED IN ACCIDENT

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____
 In Your vehicle Other vehicle Pedestrian
 Injured? No Yes,
 Describe _____

 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____
 In Your vehicle Other vehicle Pedestrian

Courtesy Information Card

Comments: (Please describe what you saw)

Please fill out and return to the driver.

Name _____

Address _____

City _____ State _____ Zip _____

Did you see the accident? Yes No

Were you in one of the vehicle involved?

Yes No

Did anyone appear injured? Yes No

(Please Comment on Reverse Side)

Courtesy Information Card

Comments: (Please describe what you saw)

Please fill out and return to the driver.

Name _____

Address _____

City _____ State _____ Zip _____

Did you see the accident? Yes No

Were you in one of the vehicle involved?

Yes No

Did anyone appear injured? Yes No

(Please Comment on Reverse Side)

Diagram your vehicle "A", other vehicle "B"

DESCRIBE WHAT HAPPENED:

Property Damage (Other Than Vehicles)

Owner _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

What was damaged? _____

Location of property _____

Driver's Signature _____