

Auto Accident Information Checklist

Date _____ Time _____
Location _____ Weather _____

Your Vehicle

License Plate _____ State _____
VIN _____
Make _____
Model, Year _____
Driver Name _____
Phone Number _____
Address _____
Passengers _____

Other Driver's Vehicle

License Plate _____ State _____
VIN _____
Make _____
Model, Year _____
Driver Name _____
Phone Number _____
Address _____
Passengers _____

Police Report

Officers Name _____
Responding Department _____
Badge Number _____

Accident Details

Description _____
Witnesses _____

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