

**Accident Checklist**

Your name:
Your policy number:
Date of accident:
Location of accident:
Name of police department present:
If anyone was injured, please provide name & address:
Name of other driver involved:
Address for other driver:
Telephone number(s) for other driver:
Other driver's insurance company and policy number:
Other driver's license number:
Was the other driver also the car's owner?
If not, please provide name & address of vehicle owner:

**Witness Cards**

Witness name:	Witness name:
Address:	Address:
Telephone number:	Telephone number:
Did you see the entire accident?	Did you see the entire accident?
Did anyone appear injured?	Did anyone appear injured?
If so, please describe:	If so, please describe:
Were you a passenger in either vehicle?	Were you a passenger in either vehicle?
How did the accident happen?	How did the accident happen?
Were the police notified?	Were the police notified?
Please use the reverse side for any additional information.	Please use the reverse side for any additional information.