



## Accident Information Checklist

**If someone is injured call 911 immediately.**

**Date / Time** \_\_\_\_\_

**Driver Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

License No. \_\_\_\_\_

**Vehicle Information**

Make, Model & Year \_\_\_\_\_

License Plate No. \_\_\_\_\_

State Registration No. \_\_\_\_\_

**Insurance Co.** \_\_\_\_\_

**Passengers and Witnesses**

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

**Police / Emergency Personnel**

Name / Badge \_\_\_\_\_

Name / Badge \_\_\_\_\_

Name / Badge \_\_\_\_\_

**Notes / Description**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This worksheet is part of "Life Advice: Auto Insurance" at [www.lifeadvice.com](http://www.lifeadvice.com).