



Date created: \_\_\_\_\_

Name: \_\_\_\_\_

# Car Accident - If No Other Driver Was Involved

Writing down the following information may make it easier when filing an insurance claim.

## Accident Details

Date/Time: \_\_\_\_\_

Location: \_\_\_\_\_

Nearest intersection/exit/mile marker: \_\_\_\_\_

\_\_\_\_\_

Weather conditions: \_\_\_\_\_

Road conditions: \_\_\_\_\_

## Your Car

Color: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

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

Registration/Vehicle Identification Number: \_\_\_\_\_

\_\_\_\_\_

Other Characteristics: \_\_\_\_\_

## Your Insurance

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Name of Policy: \_\_\_\_\_

Driver's relationship to policyholder: \_\_\_\_\_

\_\_\_\_\_

## Passenger #1

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

## Passenger #2

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

## Passenger #3

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

## Describe Your Injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Describe Passenger's Injuries:** \_\_\_\_\_

**Describe the Damage to Your Vehicle:** \_\_\_\_\_

### **Diagram**

Take photographs of the accident and draw a diagram. Include:

- Streets, traffic signs, any obstacles in the road - anything that provides details of the accident
- All directions of travel and lane directions
- Where the vehicle occupants were seated
- Landmarks in the area that might help you later determine where the vehicle came to rest

