

# ACORD™ AUTO ACCIDENT INFORMATION FORM

KEEP THIS DOCUMENT IN YOUR GLOVE COMPARTMENT

IF YOU HAVE AN ACCIDENT, use this form to record the facts about the accident, including names and address of all parties involved, and any witnesses to the accident. Give the completed form to your insurance agent or company, or provide the information by phone.

|   |   |
|---|---|
| DATE OF ACCIDENT AND TIME<br>      AM<br>      PM       | LOCATION OF ACCIDENT (INCLUDE CITY & STATE)                     |
| DESCRIPTION OF ACCIDENT (USE REVERSE SIDE IF NECESSARY) |   |
| AUTHORITY CONTACTED AND REPORT #                        | ANY VIOLATIONS/CITATIONS AS A RESULT OF THE ACCIDENT (DESCRIBE) |

## PROPERTY DAMAGED (NOT YOUR VEHICLE)

|  |  |                           |
|--|--|---------------------------|
| DESCRIBE PROPERTY<br>(If auto, year, make, model, plate #) | INSURANCE COMPANY  |                           |
| OWNER'S NAME & ADDRESS                                     | RESIDENCE PHONE (A/C, No):<br>BUSINESS PHONE (A/C, No, Ext): |                           |
| OTHER DRIVER'S NAME & ADDRESS<br>(Check if same as owner)  | RESIDENCE PHONE (A/C, No):<br>BUSINESS PHONE (A/C, No, Ext): |                           |
| DRIVER'S LICENSE NUMBER                                    | DESCRIBE DAMAGE  | WHERE CAN DAMAGE BE SEEN? |

## INJURED PARTIES

| NAME & ADDRESS  | PHONE (A/C, No) | AGE | DESCRIBE INJURY |
|---|-----------------|-----|-----------------|
| INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR |                 |     |                 |
| INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR |                 |     |                 |

## WITNESSES OR PASSENGERS

| NAME & ADDRESS | PHONE (A/C, No) | INS VEH | OTH VEH | OTHER (Specify) |
|----------------|-----------------|---------|---------|-----------------|
|                |                 |         |         |                 |
|                |                 |         |         |                 |

## YOUR INSURED VEHICLE

|   |  |                         |                            |                |   |
|---|--|-------------------------|----------------------------|----------------|---|
| YEAR  | MAKE   | MODEL                   | PLATE NUMBER               | STATE          |   |
| OWNER'S NAME & ADDRESS                              | RESIDENCE PHONE (A/C, No):<br>BUSINESS PHONE (A/C, No, Ext): |                         |                            |                |   |
| DRIVER'S NAME & ADDRESS<br>(Check if same as owner) | RESIDENCE PHONE (A/C, No):<br>BUSINESS PHONE (A/C, No, Ext): |                         |                            |                |   |
| RELATION TO INSURED (Employee, family, etc.)        | DATE OF BIRTH  | DRIVER'S LICENSE NUMBER | STATE                      | PURPOSE OF USE | USED WITH PERMISSION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| DESCRIBE DAMAGE                                     | WHERE CAN VEHICLE BE SEEN?                                   | WHEN CAN VEH BE SEEN?   | OTHER INSURANCE ON VEHICLE |                |   |
| YOUR INSURANCE COMPANY NAME                         | YOUR POLICY NUMBER   | YOUR AGENT'S NAME       |                            |                |   |

## POLICYHOLDER INFORMATION

|                               |  |
|-------------------------------|--|
| POLICYHOLDER'S NAME & ADDRESS | RESIDENCE PHONE (A/C, No):<br>BUSINESS PHONE (A/C, No, Ext): |
|-------------------------------|--|

|         |
|---------|
| REMARKS |
|---------|

**EXCHANGE OF INFORMATION FORM  
COMPLETE AND GIVE TO OTHER PARTIES INVOLVED IN THE ACCIDENT**

POLICYHOLDER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_

INSURANCE AGENT \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

INS CO PHONE # \_\_\_\_\_

POLICY # \_\_\_\_\_

ACORD 12 (2/95)

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**EXCHANGE OF INFORMATION FORM  
COMPLETE AND GIVE TO OTHER PARTIES INVOLVED IN THE ACCIDENT**

POLICYHOLDER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_

INSURANCE AGENT \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

INS CO PHONE # \_\_\_\_\_

POLICY # \_\_\_\_\_

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## Accident Self Help Guide

**After an accident, getting help for the injured is always the first priority.**

- Regardless of the circumstances, **report the accident to the police.**
- **Record the name, address and phone number of the other driver.** Write down the **make and license number of all vehicles involved.** You'll want to get as much information as you can about the other driver's insurance agent, policy and insurance company.
- **Don't forget to collect the names, addresses and phone numbers of passengers and witnesses.** Since many cases end up with the parties blaming each other, third-party witnesses can be important. Don't hesitate to approach anyone who may have seen the crash.
- Be careful of what you say. **Don't talk about fault; even casual remarks can be used in court.**
- **Notify your agent immediately.** The faster we get information, the faster we can act. Discuss the accident only with your agent and, of course, with the police.
- Examine the damage carefully. **Take photos if possible, particularly if the accident occurred on private property, such as a parking lot.**
- Without being overly suspicious, observe the other driver's actions. If the other driver later claims to have a serious injury, what you notice could be important.
- Stay calm.

**Use the following worksheet to record all important information at the scene:**

|                              |  |
|------------------------------|--|
| <b>Vehicles Involved: #1</b> |  |
| Make/Model & License #:      |  |
| Drivers Name:                |  |
| Drivers Address:             |  |
| Drivers Phone Number:        |  |
| Drivers License #:           |  |
| <b>Vehicles Involved: #2</b> |  |
| Make/Model & License #:      |  |
| Drivers Name:                |  |
| Drivers Address:             |  |
| Drivers Phone Number:        |  |
| Drivers License #:           |  |
| <b>Passenger #1</b>          |  |
| Name:                        |  |
| Address:                     |  |
| Phone Number:                |  |
|                              |  |
| <b>Passenger #2</b>          |  |
| Name:                        |  |
| Address:                     |  |
| Phone Number:                |  |
|                              |  |
| <b>Witness 1</b>             |  |
| Name:                        |  |
| Phone Number:                |  |
|                              |  |
| <b>Witness 2</b>             |  |
| Name:                        |  |
| Phone Number:                |  |
|                              |  |
| <b>Police Officer</b>        |  |
| Name:                        |  |
| Badge Number:                |  |