

MOTOR VEHICLE ACCIDENT INFORMATION

Courtesy of:
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ACCIDENT RECORD

DATE _____ TIME _____

LOCATION _____

YOUR DIRECTION OF TRAVEL _____

OTHER VEHICLE'S DIRECTION OF TRAVEL _____

WEATHER _____ LIGHTING _____

TRAFFIC _____ SEATBELTS/CARSEATS _____

TRAFFIC SIGNS & SIGNALS _____

DESCRIBE THE ACCIDENT _____

DESCRIBE PROPERTY DAMAGE

YOUR VEHICLE _____

OTHER VEHICLE _____

TOWING COMPANY _____ LOCATION OF VEHICLE _____

POLICE OFFICER _____

BADGE NO. _____ AGENCY _____

REPORT? _____ YES _____ NO

OTHER DRIVER'S NAME _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____
HOME WORK CELLULAR

DRIVER'S LICENSE NO. _____ STATE _____

CAR MAKE _____ MODEL _____ COLOR _____ YEAR _____

LICENSE PLATE NO. _____ STATE _____ VIN _____

REGISTERED OWNER _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____
HOME WORK CELLULAR

INSURANCE COMPANY _____

POLICY NO. _____ EXPIRATION DATE _____

AMOUNT OF INSURANCE _____

AGENT'S NAME _____ AGENT'S PHONE NO. _____

ADJUSTER'S NAME _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ CLAIM NO. _____

PASSENGERS IN YOUR VEHICLE _____

PASSENGERS IN OTHER VEHICLE _____

WITNESS #1 _____

ADDRESS _____

STREET

CITY

STATE

ZIP

PHONE NO. _____

HOME

WORK

CELLULAR

WITNESS #2 _____

ADDRESS _____

STREET

CITY

STATE

ZIP

PHONE NO. _____

HOME

WORK

CELLULAR

[USE SEPARATE SHEET OF PAPER FOR ADDITIONAL WITNESSES]

INJURIES _____

AMBULANCE COMPANY _____

TRANSPORTED TO _____

ADDRESS _____

STREET

CITY

STATE

ZIP

MEDICAL PROVIDERS _____

[USE SEPARATE SHEET OF PAPER FOR ADDITIONAL MEDICAL PROVIDERS]

CHECKLIST

1. SUBMIT DMV ACCIDENT REPORT (WITHIN 72 HOURS IN OREGON).

DATE SUBMITTED _____

TO WHOM? _____

2. NOTIFY YOUR AUTOMOBILE INSURANCE COMPANY.

DATE AND TIME NOTICE GIVEN _____

NAME OF PERSON TAKING THE NOTICE _____

CLAIM NUMBER ASSIGNED _____

(SPECIAL FORMS AND DOCUMENTS MUST BE SUBMITTED IMMEDIATELY WHERE THE OTHER DRIVER IS UNINSURED, HIT AND RAN, OR CANNOT BE IDENTIFIED.)

3. IF INJURED WHILE ON THE JOB, NOTIFY YOUR EMPLOYER AND SUBMIT AN ACCIDENT REPORT IMMEDIATELY.

DATE NOTIFIED _____

DATE ACCIDENT REPORT SUBMITTED _____

4. TAKE PHOTOGRAPHS OF DAMAGE TO YOUR CAR.

DATE TAKEN _____

LOCATION OF
PHOTOGRAPHS AND NEGATIVES _____

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