

Place this in your glovebox to assist you following an accident.
Remember to contact emergency services if needed.

VISION COLLISION
206.244.2758

ACCIDENT INFORMATION REPORT

This form will assist you in obtaining information about the other vehicle involved in the accident

OTHER VEHICLE: STOPPED IN TRAFFIC MOVING PARKED

DATE _____

DRIVER'S NAME _____
FIRST MIDDLE LAST

DRIVER'S ADDRESS _____
NUMBER AND STREET

CITY STATE ZIP CODE

PHONE _____

DRIVER'S LICENSE _____
NUMBER, STATE, EXPIRATION DATE OF BIRTH

VEHICLE _____
NUMBER & STATE

VEHICLE LICENSE _____ VIN _____
YEAR & MAKE

INSURANCE COMPANY _____

POLICY NUMBER _____

DESCRIPTION OF DAMAGE _____

803 SW 154TH ST - BURIEN WA 98166

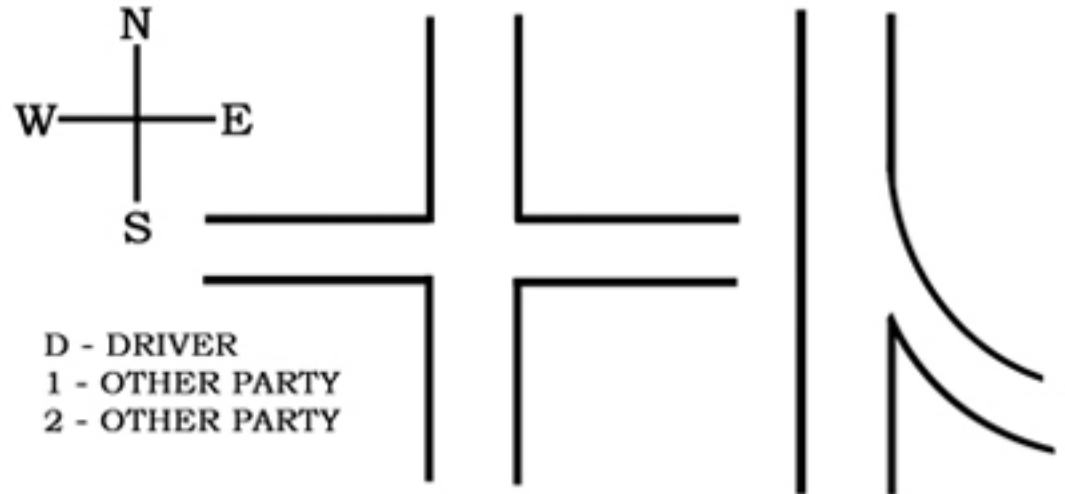
THE ACCIDENT

TIME _____ AM/PM _____

LOCATION _____

WEATHER CONDITIONS _____

DESCRIPTION OF ACCIDENT _____



Complete diagram using arrow symbols to indicate direction of vehicles involved in accident and location at point of contact.

This form does not constitute a Police Report. Check your state's motor vehicle regulations to determine if you are required to give financial responsibility info to your state DMV for accidents resulting in personal injuries or significant property damage.

POLICE OFFICER _____

BADGE # _____ DEPARTMENT _____

WITNESS

NAME _____

ADDRESS _____

PHONE _____

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