

Accident Information Form

Print this form and keep it in your glove compartment

Collex Collision Experts

732-741-2480

| Accident Details | | |
|----------------------|-----------|-----------|
| Date: | Time: | Location: |
| Weather Conditions: | | |
| Police Dept/Officer: | Report #: | |

| Other Vehicle Information | | | |
|-------------------------------------|---------------|------------------|------|
| Year: | Make: | Model: | |
| Lic. Plate: | Color: | # of Passengers: | |
| Other Driver Information | | | |
| Last Name: | | First Name: | |
| Address: | City: | State: | Zip: |
| Home Phone: | Bus. Phone: | Cell Phone: | |
| DL #: | Insurance Co: | Policy #: | |
| Other Vehicle Passenger Information | | | |
| 1. Last Name: | | First Name: | |
| Address: | City: | State: | Zip: |
| Home Phone: | Bus. Phone: | Cell Phone: | |
| DL #: | Insurance Co: | Policy #: | |
| 2. Last Name: | | First Name: | |
| Address: | City: | State: | Zip: |
| Home Phone: | Bus. Phone: | Cell Phone: | |
| DL #: | Insurance Co: | Policy #: | |

| Witness Information | | | |
|---------------------|-------------|-------------|------|
| 1. Last Name: | | First Name: | |
| Address: | City: | State: | Zip: |
| Home Phone: | Bus. Phone: | Cell Phone: | |
| 2. Last Name: | | First Name: | |
| Address: | City: | State: | Zip: |
| Home Phone: | Bus. Phone: | Cell Phone: | |

It may be useful to make a quick diagram on the back of this form showing the position of all vehicles involved in the accident. Things to note: direction of vehicle(s) travel, point of impact, traffic lights/signs, intersections and street names.