

Collision Information Form

Keep this form in your glove box for use in the event of an accident

Date: _____ Time: _____

Other Driver's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Driver's License #: _____

Vehicle: _____ Color: _____ Year: _____

License Plate #: _____ State: _____

Insurance Company: _____

Phone: _____ Agent: _____

Policy #: _____

Police Report #: _____

Officer Name: _____ Badge #: _____

Witness: _____ Phone: _____

Photos Checklist

- Actual Collision (if safe)
- Close ups of all damage to all vehicles involved
- License plate of other vehicle(s)
- Damage to surrounding property
- Indicators on the ground (skid marks, broken glass, etc)
- General location

For your protection, Vision Collision recommends that the police be called in the event of all collisions that occur on public roads or property. Vision Collision does not recommend that you allow other drivers to photograph your Driver's license, nor request to photograph theirs.

This information provided courtesy of

