

# 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*

