

COLLISION INFORMATION FORM

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

Date: _____ Time: _____
Other Driver Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Driver's License #: _____ State: _____
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 damage to all vehicles involved
- License plate of other vehicle(s)
- Damage to surrounding property
- Indicators on ground (skid marks, broken glass, etc)
- General Location

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

This form provided courtesy of

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COLLISION REPAIRS

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