

# ACCIDENT INFORMATION FORM

KEEP THIS IN YOUR GLOVE COMPARTMENT IN CASE OF AN ACCIDENT.

- CALL AN AMBULANCE, IF NECESSARY, FOR ANY INJURED PERSON
- CALL THE POLICE AND DO NOT LEAVE THE SCENE
- IF POSSIBLE, TAKE PICTURES OF THE ACCIDENT SCENE AND THE VEHICLES INVOLVED BEFORE MOVING THEM
- WRITE DOWN THE NAMES AND TELEPHONE NUMBERS OF ANY WITNESSES AND ALL OTHERS INVOLVED.
- OBTAIN THE ACCIDENT REPORT NUMBER FROM THE POLICE OFFICER
- FILL IN ALL INFORMATION ON THIS FORM BEFORE LEAVING THE SCENE

**CALL THE LAW OFFICES OF PORTNER & SHURE, P.A., FOR A FREE CONSULTATION**

## THE OTHER DRIVER AND VEHICLE

NAME OF DRIVER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

TAG NUMBER: \_\_\_\_\_

## ACCIDENT INFORMATION

DATE / TIME OF ACCIDENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

WEATHER/ ROAD CONDITION: \_\_\_\_\_

POLICE REPORT NO.: \_\_\_\_\_

## WITNESSES

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

VA 703-916-1227 804-643-3783  
MD 301-854-9000 410-995-1515  
DC 202-554-1449