## ACORD, AUTO ACCIDENT INFORMATION FORM

## KEEP THIS DOCUMENT IN YOUR GLOVE COMPARTMENT

IF YOU HAVE AN ACCIDENT, use this form to record the facts about the accident, including names and address of all parties involved, and any witnesses to the accident. Give the completed form to your insurance agent or company, or provide the information by phone.

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DATE OF ACCIDENT AND	LOCATIO	N OF ACCIDE	NT (INCLU	JDE CITY & ST	TATE)									
	AM													
	PM													
DESCRIPTION OF ACCIDENT (USE R	EVERSE SIDE IF I	NECESSAR	Υ)											
AUTHORITY CONTACTED AND REPO	ANY VIOLATIONS/C	CITATIONS	AS A	RESU	LT OF THE ACCIDENT	(DESCRIBE)								
PROPERTY DAMAGED (N		INOUD	41101	- 0014	DANN									
DESCRIBE PROPERTY (If auto, year, make, model, plate #)		INSUR	ANCE											
OWNER'S NAME &		RESIDENCE PHONE (A/C, No):												
ADDRESS OTHER DRIVER'S	BUSINESS PHONE (A/C, No, Ext):													
NAME & ADDRESS (Check if		RESIDENCE PHONE (A/C, No): BUSINESS PHONE												
same as owner) DRIVER'S LICENSE NUMBER			(A/C, No, Ext):											
DESCRIBE DAMAGE						WHERE CAN DAMAGE BE SEEN?								
INJURED PARTIES														
	PHONE (A/C, No	HONE (A/C, No) AGE			DI	DESCRIBE INJURY								
INJURED WAS: PEDESTR	RIAN IN Y	OUR CAR	IN	OTHER C	AR									
INJURED WAS: PEDESTR	NAN INY	OUR CAR	□ IN	OTHER C	:AR									
WITNESSES OR PASSENCE		001107111		01112110	,									
NAME & ADDRESS						PHONE (A/C, No	PHONE (A/C, No) INS OTH VEH VEH			C	OTHER (Specify)			
YOUR INSURED VEHICLE														
YEAR MAKE					MODEL						PLATE NUMB	ER	STATE	
OWNER'S NAME &	RESIDENCE PHONE (A/C, No): BUSINESS PHONE (A/C, No, Ext):							•						
ADDRESS														
DRIVER'S NAME & ADDRESS									(A/C,	DENCE PHONE No): NESS PHONE				
(Check if same as owner)  RELATION TO INSURED DATE OF BIRTH DRIVER'S LICENSE NUMBER						STATE				No, Ext):	IIS	ED WITH	1	
(Employee, family, etc.)	DATE OF BIRT	H DRIV	EK'S LICENS	ENUMBE	:K		STATE	PUR OF L	POSE			RMISSIC	N?	
DESCRIBE WHERE CA VEHICLE DAMAGE BE SEEN?									YES   NO   WHEN CAN VEH BE SEEN?   OTHER INSURANCE ON VEHICLE					
					E									
YOUR INSURANCE COMPANY NAME YOUR POLICY NUMBER						YOUR AGENT'S NAME								
POLICYHOLDER INFORMA	ATION													
POLICYHOLDER'S NAME &									(A/C,	DENCE PHONE No): NESS BLIONE				
ADDRESS REMARKS									(A/C,	NESS PHONE No. Ext):				

ACORD 11 (2/95)