

Auto Accident Information

Name _____

Date of Accident _____

Name of person at fault _____

Name of responsible insurance _____

Insurance Address _____

Claim# _____ Phone # _____

Name of Your (PIP) insurance _____

Insurance Address _____

Claim# _____ Phone # _____

Estimated Property Damage: _____

(if car is totaled – value of car)

Attorney Name _____ Phone # _____

Attorney Address _____

Accident Description:

How fast were you traveling? _____

How fast was the other car traveling? _____

What road were you on? _____

Briefly describe the accident:

Did you go to the emergency room? **Y N** Which one? _____

Were you able to drive the car away from the scene of the accident? **Y N**