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	ATION OF A	CCIDEN	IT (INCLU	JDE CITY & ST	ГАТЕ)										
	AM														
	PM		201710												
DESCRIPTION OF ACCIDENT (USE F	REVERSE SIDE II	FNECES	SSARY)												
AUTHORITY CONTACTED AND REP	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):												
DRIVER'S LICENSE NUMBER DESCRIBE DAMAGE							WHERE CAN DAMAGE BE SEEN?								
INJURED PARTIES															
	PHONE (A/C, No	PHONE (A/C, No) AGE			Di	DESCRIBE INJURY									
INJURED WAS: PEDEST	RIAN IN	YOUR	CAR	INC	OTHER C	AR									
INJURED WAS: PEDEST	RIAN IN	YOUR	CAR	INC	OTHER C	:AR									
WITNESSES OR PASSEN			07.1.1		,,,,	7.11									
NAME & ADDRESS							PHONE (A/C, No	PHONE (A/C, No) INS OTH VEH VEH			(OTHER (Specify)			
YOUR INSURED VEHICLE															
YEAR MAKE	•					MODEL						PLATE NUM	IBER	STATE	
OWNER'S							RESIDENCE PHONE (A/C, No): BUSINESS PHONE (A/C, No, Ext):							1	
NAME & ADDRESS															
DRIVER'S NAME & ADDRESS										(A/C,	DENCE PHONE No):				
(Check if same as owner) RELATION TO INSURED DATE OF BIRTH DRIVER'S LICENSE NUMBER							OTATE			BUSINESS PHONE (A/C, No, Ext): USED WITH					
(Employee, family, etc.)	DATE OF BIF	RIH	DRIVER'S	ICENSE	NUMBE	:R		STATE	PUR OF L	POSE			ERMISSIC	N?	
				$\overline{}$	WHERE	CAN			0. (N CAN VEH BE SEEN?	OTHER INSU	YES RANCE O	NO N	
DESCRIBE VEHICLE DAMAGE BE SEEN?						E									
YOUR INSURANCE COMPANY NAME YOUR POLICY NUMBER							YOUR AGENT'S NAME								
POLICYHOLDER INFORM	IATION														
POLICYHOLDER'S NAME &										(A/C,	DENCE PHONE No):				
ADDRESS REMARKS										(A/C,	NESS PHONE No, Ext):				
INCHIDINING															

ACORD 11 (2/95)