

Print Out This form And Keep It In Your Glovebox

Important Information To Gather And Exchange After An Accident	
Your Insurance Company:	
Your Policy Number:	
Your Agent:	
Accident Details:	
Date of Accident:	
Time of Accident:	
Location:	
Information About Other Driver:	
Other Driver's Name:	
Address:	
City:	
State:	
Zip code:	
Phone:	
Year, Make and Model of Vehicle:	
License Number & State:	
Insurance Company:	
Agent:	
Policy Number:	
Information From Witnesses:	

Witness One	
Name:	
Phone:	
Address:	
City:	
State:	
Zip code:	
Witness Two	
Name:	
Phone:	
Address:	
City:	
State:	
Zip code:	
Superior Collision 1135 Westwood Drive Van Wert, OH 45891 (419) 238-0766	
