

Accident Information Form

Print this form and keep it in your glove compartment

Collex Collision Experts

732-741-2480

Accident Details		
Date:	Time:	Location:
Weather Conditions:		
Police Dept/Officer:	Report #:	

Other Vehicle Information			
Year:	Make:	Model:	
Lic. Plate:	Color:	# of Passengers:	
Other Driver Information			
Last Name:		First Name:	
Address:	City:	State:	Zip:
Home Phone:	Bus. Phone:	Cell Phone:	
DL #:	Insurance Co:	Policy #:	
Other Vehicle Passenger Information			
1. Last Name:		First Name:	
Address:	City:	State:	Zip:
Home Phone:	Bus. Phone:	Cell Phone:	
DL #:	Insurance Co:	Policy #:	
2. Last Name:		First Name:	
Address:	City:	State:	Zip:
Home Phone:	Bus. Phone:	Cell Phone:	
DL #:	Insurance Co:	Policy #:	

Witness Information			
1. Last Name:		First Name:	
Address:	City:	State:	Zip:
Home Phone:	Bus. Phone:	Cell Phone:	
2. Last Name:		First Name:	
Address:	City:	State:	Zip:
Home Phone:	Bus. Phone:	Cell Phone:	

It may be useful to make a quick diagram on the back of this form showing the position of all vehicles involved in the accident. Things to note: direction of vehicle(s) travel, point of impact, traffic lights/signs, intersections and street names.