

Accident Report

Date: _____ / _____ / 20_____ Time: _____ am/pm

Location of Accident: _____

Police Dept. Contacted: _____

Officer's Name: _____ Badge No.: _____

YOUR INFORMATION:

Company Name: _____ Policy No.: _____

Your Name: _____

License No.: _____ Date of Birth: _____ / _____ / _____

VEHICLE:

Year: _____ Make: _____ Model: _____

VIN#: _____ License Plate.: _____

Damage to vehicle: _____

Injuries? Y / N If Yes, explain: _____

OTHER VEHICLE:

Year: _____ Make: _____ Model: _____

License Plate.: _____ State: _____

Driver's name: _____ Phone: _____ - _____ - _____

Address: _____

License No: _____ State: _____

Insurance Carrier: _____ Policy No.: _____

Damage: _____

Injuries? Y / N If Yes, explain: _____

DESCRIBE THE ACCIDENT: _____

GRAPHIC OF ACCIDENT LOCATION

Great Scot! Insurance, Inc.
12155 Metro Parkway, Ste. 28A
Ft. Myers FL 33912
(239) 561-3400 (800) 927-0418
Fax: (239) 561-0496

IN CASE OF AN ACCIDENT...

First:

Remain calm and try to gather your thoughts.

Then:

1. Take photos if you have a camera.
 - Close ups of damage
 - All people involved
 - Wide shots of scene
 - License tags
2. Fill out report on other side and fax or mail to the address above ASAP.
 - **Secure the scene.** If the vehicles are not obstructing traffic, do not move them until pictures have been taken.
 - **Check everyone involved for injuries.** Call for help if necessary.
 - **If there are witnesses, gather information.** Ask for names, addresses and telephone numbers of witnesses.
 - **Exchange information** with other party(s) involved.
 - **Make no statement of fault** to anyone.
 - **Report the accident to your employer immediately.**
 - **Report the accident to the police.**
 - **Always be helpful, cooperative and professional.**