

Photographs to Take

- Overall scene - from 4 directions, both close and far
- Damage to other vehicle(s)
- Damage to your vehicle
- "Things" or Objects involved (such as debris on highway, skidmarks)

Other Vehicle

Make, model & year: _____

Licence Plate #: _____

MC#: _____

MCP#: _____

Driver's Name: _____

Address : _____

Telephone : _____

Driver's License No.: _____

Insurance Company: _____

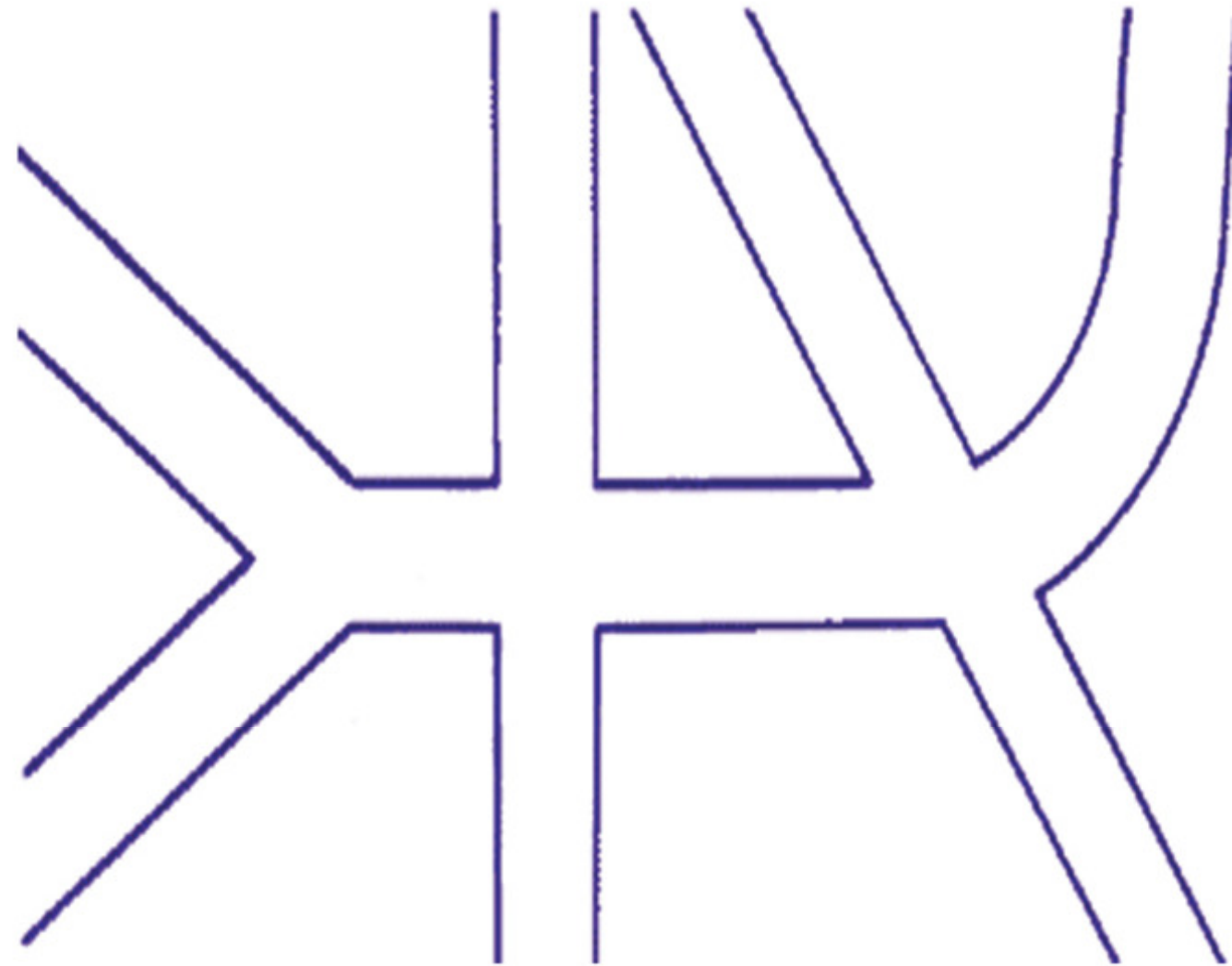
Policy #: _____

Witness Name: _____

Witness Phone #: _____

Diagram How Your Accident Happened

(Identify vehicles. Yours is 1 and others are 2, 3, 4 . . .
Show direction of travel with arrows)



Police Information

Officer's name: _____

Police Agency: _____

Telephone : _____

Report No.: _____