

Accident Information Card

If you have been involved in an automobile accident, it is very important to obtain as much basic information as possible, regardless of who was at fault in the accident. Fill out this form **at the scene of the accident**, or as soon after the accident as possible if you are unable to fill it out at the scene.

Date: _____ Time: _____
Place: (Main Street): _____
(Cross Street): _____

Other Driver

Name: _____
Address: _____
Phone: _____
Driver License No.: _____
Date of Birth: _____
Social Security No.: _____

Other Driver's Insurance Co.: _____
Agent: _____
Policy No.: _____ Coverage: \$ _____

Other Vehicle

Make, Model & Year: _____
Plate No.: _____ State: _____
Name of Owner: _____
Address: _____
Phone: _____

Owner's Insurance Co.: _____
Agent: _____
Policy No.: _____ Coverage: \$ _____

Witnesses

Name #1: _____
Address: _____
Phone: _____
Name #2: _____
Address: _____
Phone: _____

Do not give this card to anyone except your
Attorney.

Passengers

Name #1: _____
Address: _____
Phone: _____
Name #2: _____
Address: _____
Phone: _____

Police Officers at the Scene of the Accident

Name: _____
City/Force: _____
Address: _____

Medical Personnel at the Scene

Name: _____
City /Agency: _____
Address: _____

You should write down a detailed description of *exactly* what happened as soon as possible so you do not forget anything. It is also a good idea to draw a sketch of how the accident happened. This will help you to remember what happened when you have to describe it later to insurance representatives, attorneys or possibly to a Court.

Description of Accident: _____

RICHARD B. HEIN

Attorney at Law

2525 South Brentwood Blvd., Suite 102
St. Louis (Brentwood), Missouri 63144-2322
Tel.: (314) 961-1800; Fax: (314) 963-1866
email: rickhein86@hotmail.com

Do not give this card to anyone except your
Attorney.