



Driver Accident Report

Date of Accident _____ Time of Accident _____

Address of Accident Location _____

Nearest intersection/landmark _____

Police Agency _____ Police report # _____

Vehicle/driver information of the vehicle (IV insured vehicle) YOU are driving:

Your name and address _____ Phone # _____

IV year _____ IV make _____ Last 6 digits of VIN _____ Plate # _____

Location of damages on the IV _____

Is the IV drivable Yes___ No___ - If No, location of the IV _____

Are there any injuries to you or anyone in IV? Yes _____ No _____ If yes, please provide:

Name of injured _____ Address _____

Vehicle information of the other vehicle (OV) involved in accident:

Owner name & address _____ Phone # _____

OV year _____ OV make _____ Plate # _____ Color _____

Insurance Co Name _____ Policy # _____ Phone # _____

Location of damages on the OV _____

Is the OV drivable Yes___ No___ - If No, location of the OV _____

Are there any injuries to anyone in OV? Yes _____ No _____ If yes, please provide:

Name of injured _____ Address _____

Detailed description of accident _____

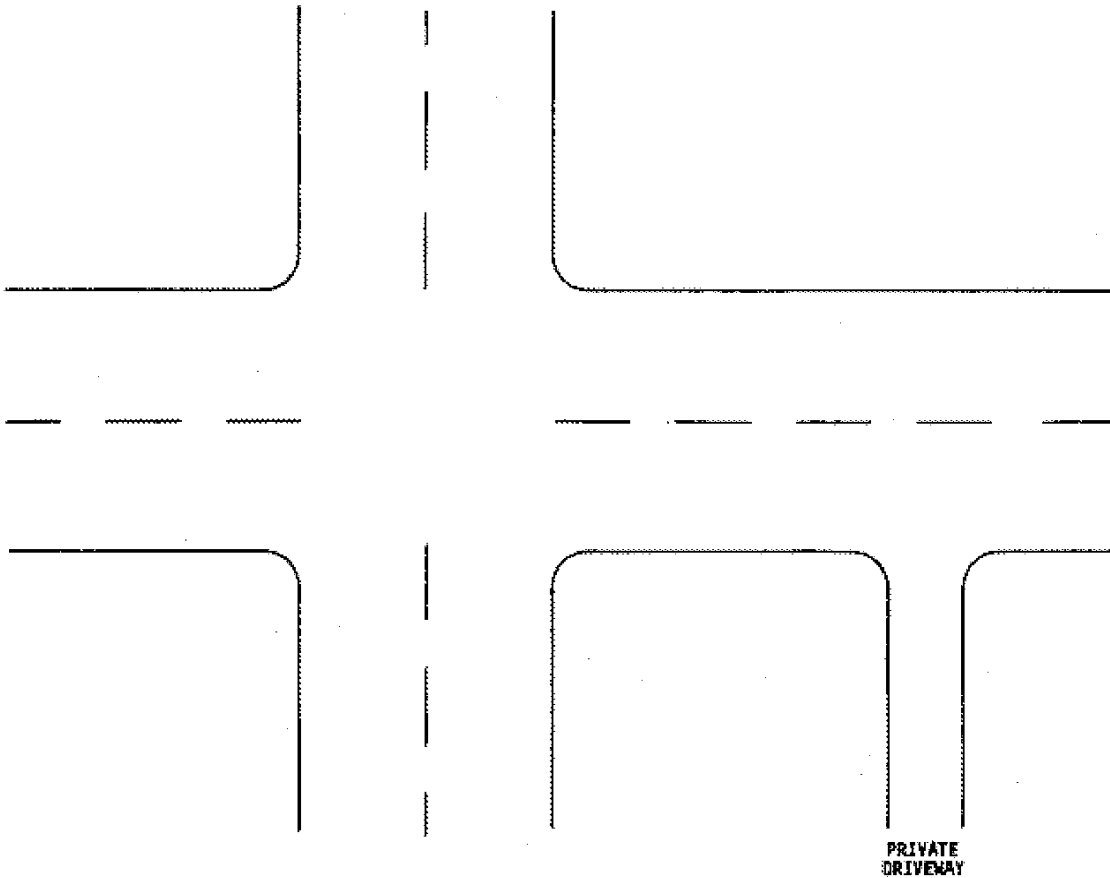
Witness Information

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Please use the below diagram to better understand the description of the accident

(Label your vehicle as IV and the other vehicle as OV)



Any additional information:

After completion, please email to Debbie McMicking at Vanner Insurance Agency at dcmicking@vannerinsurance.com or fax it to 716-688-9001. Any questions, please contact Debbie at 716-688-8888 x244.