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Car Accident Information Sheet

Driver Information

	Driver 1	Driver 2	Driver 3
Name			
Address			
Phone #			
Driver's License #			
Ins. Co. Name			
Policy #			
License Plate #, State			
Color, Make, Model			
VIN			

Witness Information

	Witness 1	Witness 2	Witness 3
Name			
Address			
Phone #			

To Do

- Contact police and cooperate with preparation of report.
Report # _____ (if provided)
- File an [SR-1 with the DMV](#)
- Photograph all vehicles showing damage from different angles
- Report the accident to your insurance company, regardless of fault