



Today's Collision Express
978-624-7911

24 Hour Towing: Stephen's Towing:
617-876-4400

USE IN CASE OF AN ACCIDENT

ACCIDENT INFORMATION

____ / ____ / ____ : ____
DATE TIME ☐ AM ☐ Dusk
☐ PM ☐ Dark

LOCATION _____

WEATHER CONDITIONS _____

OTHER VEHICLE

☐ Stopped in Traffic ☐ Moving ☐ Legally Parked

DRIVER'S INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE # _____

VEHICLE OWNER INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

VEHICLE LICENSE PLATE # _____ STATE _____

VEHICLE YEAR _____ MAKE _____ MODEL _____

INSURANCE COMPANY _____

DESCRIBE DAMAGE TO VEHICLE _____



YOUR VEHICLE

☐ Stopped in Traffic ☐ Moving ☐ Legally Parked

DESCRIPTION OF ACCIDENT _____

WITNESSES

NAME _____

ADDRESS _____

PHONE _____

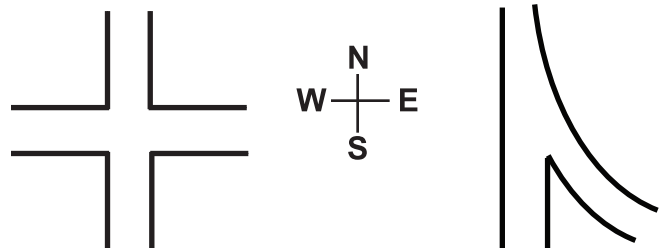
NAME _____

ADDRESS _____

PHONE _____

DIAGRAM

Use one of the diagrams below to show how the accident occurred.
Indicate your vehicle with **1** and the other vehicle with **2**.
Indicate direction of travel with →



OTHER NOTES _____

