

Collision Information Form

Time: _____ am OR pm

Date: _____

Place:

Street: _____

Intersection: _____

Your Speed: _____

Posted Speed Limit: _____

How / Why did the collision happen?

Damage to your vehicle?

Damage to other vehicle (if applicable)?

Other Driver Information:

Name: _____

Address: _____

Phone Number:

Home - () _____

Work - () _____

Vehicle Type, Colour and Year:

Vehicle Licence Number:

Number of Vehicle Occupants: _____

Driver License Number: _____

Insurance Agent Name: _____

Insurance Policy Number: _____

Any Injuries to Vehicle Occupants: _____

Your Vehicle:

Other Vehicle:

Witnesses:

#1

Name: _____

Address: _____

Phone Number:

Home - () _____

Work - () _____

#2

Name: _____

Address: _____

Phone Number:

Home - () _____

Work - () _____