

Complete All Information

VEHICLE INFORMATION FOR OTHER DRIVER • • • • •

Driver's Name License No. State

Address

Work Phone No. Home Phone No.

Owner of Vehicle Telephone No.

Owner's Address

Year Make Model Plate No. State

Insurance Company Policy No.

WITNESSES (It is important to get as many as possible.) • • • • •

1. Name Telephone No.

Address

2. Name Telephone No.

Address

3. Name Telephone No.

Address

POLICE INVESTIGATION • • • • •

Police Officer's Name Precinct

Badge No. Report No.

Was a Ticket Issued? If Yes, You Other Driver

ACCIDENT INFORMATION • • • • •

Date of Accident Time

Place of Accident (Street Name, City or Town & State)

Weather Condition

Description of Accident

YOUR VEHICLE INFORMATION • • • • •

Year Make Model Plate No. State

Owner of Vehicle Telephone No.

Owner's Address

Driver's Name Telephone No.

Driver's Address

Driver's License No. State

Description of Damage

Moore & Johnson Agency
24-Hour Claim Reporting: 919-645-1586

Complete If Applicable

INJURED PERSONS • • • • •

1. Name Telephone No.

Address

Description of Injury

Injured person was Driver Passenger Pedestrian

2. Name Telephone No.

Address

Description of Injury

Injured person was Driver Passenger Pedestrian

3. Name Telephone No.

Address

Description of Injury

Injured person was Driver Passenger Pedestrian

DAMAGE TO PROPERTY (Ex.ample: House, Fence, Mailbox) • • •

1. Owner's Name Telephone No.

Address

Damaged Property Extent of Damage

2. Owner's Name Telephone No.

Address

Damaged Property Extent of Damage