ACCIDENT REPORT GUIDE

Keep in your glove box for easy reference.

After an accident:

DO notify police immediately.

DO NOT admit fault, and do not discuss your accident with anyone except a State Farm® representative or the police.

DO exchange the information outlined on the next page.

DO report accidents to your State Farm agent promptly.

Any questions? Please contact your State Farm agent or go to statefarm.com®.
Fill in the blanks as completely as possible

**Other vehicle:**
- Driver’s Name: 
- Address: 
- City and State: 
- Phone (day): (cell)
- Driver’s License Number: 
- Year: 
- Make: 
- Model: 
- Body style: 
- License Plate: State
- Owner of Vehicle: 
- Address: 
- City and State: 
- Phone (day): (cell)
- Insurance Company: 
- Agent Name/Phone Number: 
- Policy Number: 
- Location of damage on vehicle: 
- Passengers’ Names: 

**Witnesses:**
1. Name: 
   - Address: 
   - City and State: 
   - Phone (day): (cell)
2. Name: 
   - Address: 
   - City and State: 
   - Phone (day): (cell)

**Your vehicle:**
- Vehicle: Year: Make: Model: Body style: 
- Driver: 
- Passengers’ Names: 
- Location of damage on vehicle: 

**Accident:**
- Time: Date: 
- Place: 
- Describe what happened: 
- Were police present? Yes [ ] No [ ]
- Which police department: 
- Police report number: 
- Who received ticket: 

**Injured persons:**
1. Name: 
   - Address: 
   - City and State: 
   - Phone (day): (cell)
2. Name: 
   - Address: 
   - City and State: 
   - Phone (day): (cell)
- Ambulance called? Yes [ ] No [ ]

**Sketch:**
- Indicate directions on arrows
- Show vehicles: Yours: Other: 
- 1 [ ] 2 [ ]