

## WITNESSES

This is very important.  
Get as many as possible!!

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_


Name \_\_\_\_\_


Address \_\_\_\_\_


Phone \_\_\_\_\_

## DIAGRAM OF ACCIDENT

**Indicate:** Direction of travel  
Road width . . . .

**Example:** Your vehicle (No. 1) 

Other vehicle (No.2) 

Other vehicle (No.3) 

## ACCIDENT REPORT

(Keep this folder in your vehicle at all times.)

### IF YOU HAVE AN ACCIDENT...STOP!

1. Report the accident to the police and call for medical assistance if needed.
2. Obtain the names, addresses, and telephone numbers of any injured persons, the owner's of any damaged property and witnesses.
3. If another vehicle is involved in the accident, obtain the names, addresses and telephone numbers of the driver and owner of the vehicle. Also obtain the make, model, license number and insurance company of the vehicle.
4. Do not accept fault for the accident. Only discuss the facts of the accident with the police, a representative of The Security-Victor Insurance Agency or your insurance company.

**Security – Victor Insurance**

**PO Box 365**

**5357 Wyoming Trail**

**Wyoming MN 55092**

**651-462-3724**

Date \_\_\_\_\_ Time \_\_\_\_\_ am pm  
Location \_\_\_\_\_  
License plate of other car \_\_\_\_\_  
Driver's license of other operator \_\_\_\_\_  
Name of other operator \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**OTHER CAR OR PROPERTY DAMAGE**

Owner's name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Car insured \_\_\_\_\_  
By what Co. \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Yr \_\_\_\_\_  
Damage to other vehicle or property \_\_\_\_\_

Estimated cost of repairs \_\_\_\_\_  
Where can veh be seen \_\_\_\_\_  
Did other vehicle leave scene under own power \_\_\_\_\_

**OCCUPANTS OF OTHER VEHICLE**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**INJURED PERSONS**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
Where treated \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
Where treated \_\_\_\_\_  
What statements, if any, made by injured party or owner of damaged property \_\_\_\_\_

**POLICE**

Reported to police? Yes or No  
 City  County  State of \_\_\_\_\_  
Officer's name \_\_\_\_\_  
Badge number \_\_\_\_\_  
Were any citations issued? Yes or No  
If so, to whom \_\_\_\_\_  
Reported to state motor vehicles bureau?  
Yes or No

Name of insured \_\_\_\_\_  
Insured operator \_\_\_\_\_  
License plate of your car \_\_\_\_\_  
VIN No. of your car \_\_\_\_\_  
Your driver's license no. \_\_\_\_\_  
Your age \_\_\_\_\_  
Damage to your vehicle \_\_\_\_\_  
Estimated cost of repairs \_\_\_\_\_

On which side of the street were you \_\_\_\_\_  
Proceeding in which direction \_\_\_\_\_  
How far from the curb \_\_\_\_\_  
At what speed per hour \_\_\_\_\_  
Making a turn \_\_\_\_\_  
Type & Condition of pavement \_\_\_\_\_

What kind of weather \_\_\_\_\_  
Were traffic lights involved \_\_\_\_\_  
Were lights on other vehicle lighted \_\_\_\_\_  
Describe what happened \_\_\_\_\_

Anyone with you \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

PLEASE COMPLETE OTHER SIDE

