

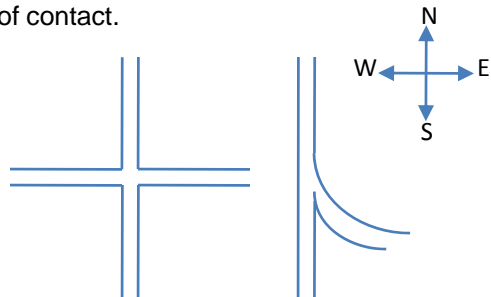
Accident Form



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Diagram

Complete this diagram using arrow symbols to indicate direction of the vehicles involved in the accident and location at point of contact.



D - Driver 1 - Other Party 2 - Other Party

What to do in case of an accident

These forms will assist you in obtaining pertinent information about the accident, including driver(S) & vehicle(s) license numbers, insurance information, and description (with pictures) of damage to vehicles. Please do the following:

1. Stop, turn off engine and identify yourself.
2. Show your driver's license & vehicle registration. Don't debate the accident Or admit fault Show proof of insurance.
3. Check for any personal injuries.
4. See if there are any witnesses.
5. Take pictures of all 4 comers of all vehicles involved. Take additional pictures of direct damage to your vehicle.
6. Nobly police and let them know if anyone is injured or claims to be. Ask for paramedics if necessary.
7. Notify your Insurance Company - (within 24 hours) and find out to whom you send the information taken from the attached card.
8. Have your film developed (make 2 copies). Send one set to your adjuster and keep one set.
9. This form **does not** constitute a Police Report. Check your state's motor vehicle regulations to determine if you are required to give financial responsibility information to your state D.M.V. Of accidents resulting in personal injuries or significant property damage.

Accident information

Get the facts. From the This other drivers vehicle involved in the accident.

Date _____ Time _____ am pm

Location _____

Intersection Freeway Street Other

Driver's Name _____

Address _____

Phone # _____

Driver's License # _____ State _____

Plate # _____ Expiration _____ State _____

Insurance Company _____

Policy # _____

Make of Car _____ Model _____ Year _____

VIN # _____ Color _____

Accident Information

Give the facts. This form is for you to fill out and give to the other driver.

Date _____ Time _____ am pm

Location _____

Intersection Freeway Street Other

Driver's Name _____

Address _____

Phone # _____

Driver's License # _____ State _____

Plate # _____ Expiration _____ State _____

Insurance Company _____

Policy # _____

Make of Car _____ Model _____ Year _____

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