



Date of accident \_\_\_\_\_

Time \_\_\_\_\_

Location \_\_\_\_\_

Special road or weather conditions \_\_\_\_\_

\_\_\_\_\_

Your Insurance Company \_\_\_\_\_

Your Policy Number \_\_\_\_\_

Your Agent \_\_\_\_\_

Other Driver's Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Vehicle Registration Number \_\_\_\_\_

Year/Make/Model other driver's vehicle \_\_\_\_\_

Insurance Company \_\_\_\_\_

Agent \_\_\_\_\_

Policy Number \_\_\_\_\_

Description of Vehicle Damage \_\_\_\_\_

\_\_\_\_\_

Witness or Passenger names, and phone numbers \_\_\_\_\_

\_\_\_\_\_

If possible snap a couple of pictures of the roadway and vehicles if you have a camera handy. Ask for a business card if available from the other driver.

Call Autometric Collision at **248-332-0600** or visit us on the web at [www.autometriccollision.com](http://www.autometriccollision.com) • Seven Metro Detroit Area Auto Body Shop locations to service you.