

## Accident Information Card

If you have been involved in an automobile accident, it is very important to obtain as much basic information as possible, regardless of who was at fault in the accident. Fill out this form **at the scene of the accident**, or as soon after the accident as possible if you are unable to fill it out at the scene.

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Place: (Main Street): \_\_\_\_\_  
(Cross Street): \_\_\_\_\_

### Other Driver

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Driver License No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

Other Driver's Insurance Co.: _____
Agent: _____
Policy No.: _____ Coverage: \$ _____

### Other Vehicle

Make, Model & Year: \_\_\_\_\_  
Plate No.: \_\_\_\_\_ State: \_\_\_\_\_  
Name of Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Owner's Insurance Co.: _____
Agent: _____
Policy No.: _____ Coverage: \$ _____

### Witnesses

Name #1: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name #2: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Do not give this card to anyone except your  
Attorney.

### Passengers

Name #1: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name #2: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Police Officers at the Scene of the Accident

Name: \_\_\_\_\_  
City/Force: \_\_\_\_\_  
Address: \_\_\_\_\_

### Medical Personnel at the Scene

Name: \_\_\_\_\_  
City /Agency: \_\_\_\_\_  
Address: \_\_\_\_\_

You should write down a detailed description of *exactly* what happened as soon as possible so you do not forget anything. It is also a good idea to draw a sketch of how the accident happened. This will help you to remember what happened when you have to describe it later to insurance representatives, attorneys or possibly to a Court.

Description of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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