

## Accident Information Form

(Make a copy and keep it in your vehicle in case of accident)

---

Date of Accident Time of Accident

---

Operator's Name Date of Birth

---

License Number (on driver's license) License Plate Number

---

Operator's Address City/Town Zip Code

---

Owner's Name (if different from operator)

---

Owner's Address (if different from operator)

---

Insurance Company Policy Number

---

Accident Location – Street/City or Town

---

Number of Lanes Landmarks/Conditions

Witnesses:

---

---

---

---

---

Description of Accident:

---

---

---

---

---

---

---

---

---

---

(Excerpt from *The Seven Biggest Mistakes That Can Wreck Your Massachusetts Accident Case* by **Thomas M. Kiley, Esq.** To receive a **free copy of this book**, contact our firm at [www.tomkileylaw.com](http://www.tomkileylaw.com), or call us at 1-800-930-8145).