



100 No. 1st St., Ste. 301 • Burbank, CA 91502 • (800) 800-5880 • Fax (877) 901-5522 • www.unitedagencies.com

CRUCIAL FACTS ABOUT THE ACCIDENT

Employer Name:		Employee Name:	Vehicle Driven:
Date:	Time: AM PM	Weather / Visibility:	Traffic Conditions:
Police Officer's Name:		Badge #:	

OTHER CAR

Year:	Make:	Model:	Body Type:
License Plate #:		State:	Vehicle ID #:
Driver's Name:			Phone #:
Address:			
Driver's License #:		State:	
Insurance Company:		Policy #:	
Insurance Agent:			Phone #:

OCCUPANTS OF OTHER CAR

Names:	Phone #:
Address:	
Total number of people in the other vehicle:	

WITNESSES TO THE ACCIDENT

#1 Name:	Phone #:
Address:	
#2 Name:	Phone #:
Address:	

DESCRIPTION OF THE ACCIDENT

ACCIDENT DIAGRAM: (Please note street names and directions)

