



## Accident Report Form

In the event of an accident, there are several things to remember:

- Move to a safe location if you or your car is a safety hazard or if you're concerned about your safety.

Do not leave the scene of the accident until you have exchanged contact information with the others involved.

- Call the police and follow their instructions.
- Call 911 if there are any injuries.
- In minor accidents, the police may instruct you to exchange information and then contact your insurance company.

Do not discuss who is at fault with the other parties involved.

Do not disclose your policy details.

- You should share your driver's license number and policy information.

Collect as much information as you can from the other drivers.

Contact Buckle Up at [buckleup.com](http://buckleup.com) or by phone at 1-800-897-2551.

## LOSS INFORMATION

Policy Number: Policy Holder:  
Was the App on (y/n): What Phase in the App:  
Date of Accident: Time of Accident:  
Vehicle: Year Make Model  
VIN: Vehicle License Plate Number:  
Reported By: Relationship to Policy Holder:  
Street/Location:  
City and State:  
Police/Sheriff Dept.: Report Number:  
Tickets Issued (y/n): to whom:  
Weather:

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## POLICY HOLDER INFORMATION

Name of Driver:  
Address, City, State, Zip:  
Phone Number: (day) (cell)  
Driver's License Number: State Issued:  
Damage to Vehicle:  
Vehicle Mileage: Drivable (y/n): Was Vehicle Towed (y/n):  
Vehicle Location:  
Passengers (y/n): How many: Injuries (y/n):  
Passenger Names:  
Passenger Injuries:  
Witnesses:  
Witness Contact Information:

**OTHER VEHICLES AND PARTIES**

Name of Driver:

Address, City, State, Zip:

Driver's License Number:

State Issued:

Phone Number:

Insurance Co.:

Policy Number:

VIN:

Vehicle License Plate Number:

Vehicle:

Year

Make

Model

Damage to Vehicle:

Vehicle Mileage:

Drivable (y/n):

Was Vehicle Towed (y/n):

Vehicle Location:

Passengers (y/n):

How Many:

Injuries (y/n):

Passenger Names:

Passenger Injuries:

Please describe in detail how the incident occurred: