

Your Name:

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## CAR ACCIDENT REPORT FORM

This accident report form is a useful tool to assist you in the event you have an accident, loss, you are injured, your vehicle is disabled or you need a rental car.

Please place a copy of this form in each of your vehicles as a reference tool to help you remember information necessary in processing your claim.

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

- Move to a safe location if you or your car is creating a safety hazard or if you're concerned with your safety.
- **Do not leave the scene of the accident** until you have exchanged contact information with all other parties involved.
- Call the police and follow their instructions.
  - o Call 911 if there are any injuries.
  - o 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 other parties.
- **Do not disclose your policy details**. You should only share your driver's license number, your insurance company's name and phone number, and your insurance policy number.
- Collect as much information as you can about the other drivers using the form below.

## LOSS INFORMATION

Your Phone Number: \_

Date of Accident:	Time of Accident:
	_ City and State:
	Police Report #:
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OTHER VEHICLES AND PARTIES	
Name of Driver:	Name of Driver:
Address:	Address:
City and State:	City and State:
Drivers License #: State:	
Insurance Company:	Insurance Company:
Policy #:	
	Vehicle License #:
Year of Vehicle: Make:	Year of Vehicle: Make:
Model:	Model:
Passengers (y/n): Injuries (y/n):	Passengers (y/n): Injuries (y/n):
Passenger Names:	Passenger Names:
Witnesses:	

Fax to: (404) 214-1774 for IMMEDIATE LEGAL HELP!