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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.
 - **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 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

Date of Accident: _____	Time of Accident: _____
Street/Location: _____	City and State: _____
Police Department: _____	Report #: _____

OTHER VEHICLES AND PARTIES

Name of Driver: _____	Name of Driver: _____
Address: _____	Address: _____
City and State: _____	City and State: _____
Drivers License #: _____ State: _____	Drivers License #: _____ State: _____
Insurance Company: _____	Insurance Company: _____
Policy #: _____	Policy #: _____
Vehicle License #: _____	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: _____	Witnesses: _____

In Pain? Call Kaine!
1-888-KAINE-LAW
www.KaineLaw.com