

**WHAT TO DO IN CASE OF AN ACCIDENT**

**1. CONTACT YOUR INSURANCE AGENT**

**2. EXCHANGE INFORMATION WITH OTHER PARTY**

(use attached other vehicle form)

**3. IF ANY WITNESSES WERE PRESENT**

(fill out attached witness form)

**4. CONTACT D.M.V.**

(accident must be reported within 10 days)

**5. CONTACT YOUR INSURANCE CARRIER**

Agent's name \_\_\_\_\_

Agent's phone number \_\_\_\_\_

Policy number \_\_\_\_\_

**6. IF TRANSPORT TO HOSPITAL**

Hospital: \_\_\_\_\_

Doctor: \_\_\_\_\_

**7. IF MOTORCYCLE TOWED**

Tow Service: \_\_\_\_\_

Were: \_\_\_\_\_

Incase of Emergency call **911**

**OTHER VEHICLE:**

Driver name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

Driver License No. \_\_\_\_\_

Vehicle \_\_\_\_\_

Year	Make	Body Style
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License No.	_____	State	_____
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Owner for Vehicle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_

Damage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF POSSIBLE TAKE PICTURES OF OTHER VEHICLE**

**WITNESS:**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_

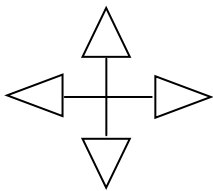
Time \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_

Describe what occurred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were Police Present? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

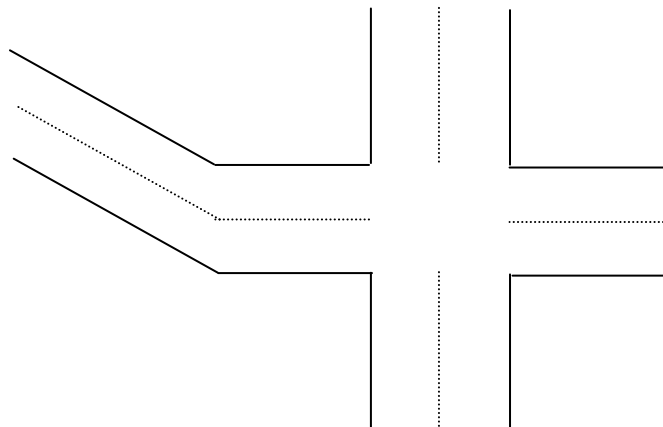
Who Received Ticket? \_\_\_\_\_



*INDICATE  
DIRECTIONS  
ON ARROW*

*Show Vehicle:*

*Yours      Other*  
1      2



**YOUR VEHICLE:**

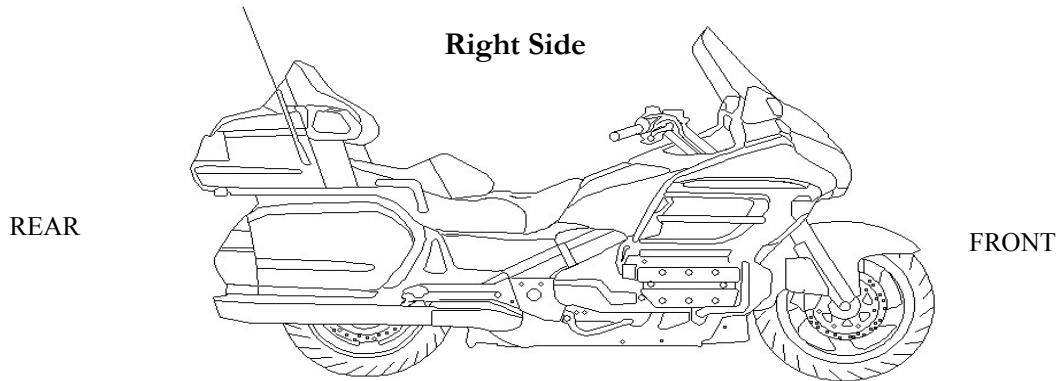
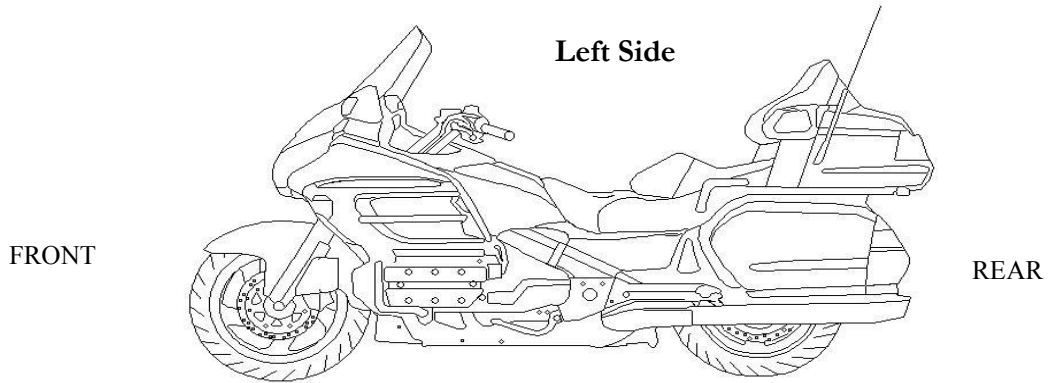
Vehicle \_\_\_\_\_  
Year      Make      Body Style

Driver \_\_\_\_\_

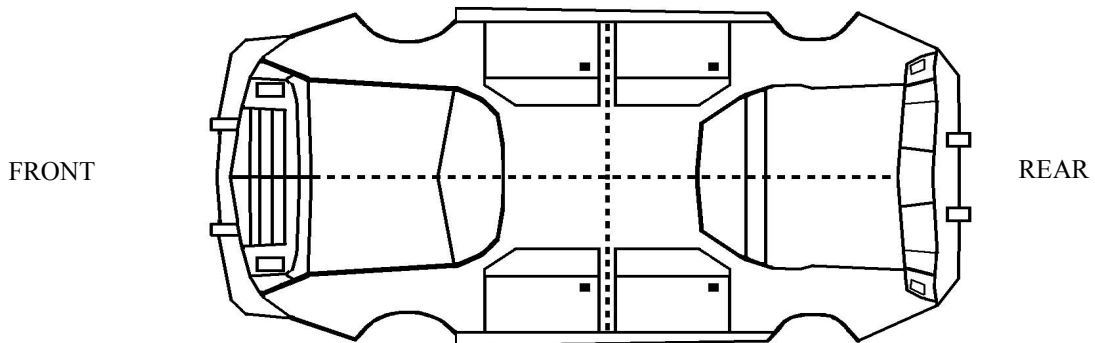
**Notes:**

**VEHICLE DAMAGE:**

**YOUR MOTORCYCLE**



**OTHER VEHICLE**



**Notes:**