

Witnesses:

1. NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
WHERE WAS THE WITNESS? _____
2. NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
WHERE WAS THE WITNESS? _____
3. NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
WHERE WAS THE WITNESS? _____

Persons Injured:

1. NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
NATURE OF INJURIES? _____
2. NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
NATURE OF INJURIES? _____
3. NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
NATURE OF INJURIES? _____

Accident Report

Keep this form in the glove compartment of your vehicle.
In the event of an accident, fill in all available information
while at the scene.



183 Leader Heights Road | P.O. Box 2726 York, PA 17405
800.233.1957 | 717.741.0911
800-461-8347 - Canada
vfis.com

Damage to Your Vehicle:

NAME OF INSURED _____
MAKE OF VEHICLE _____ VIN# _____
DRIVER'S NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
EMAIL ADDRESS _____
DESCRIBE DAMAGE _____

POLICE REPORT? YES NO
NAME OF POLICE DEPARTMENT _____
POLICE REPORT # _____

If witness or witnesses are in another care and refuse to give their
names, write down the license plate number.

LICENSE NO. _____
MAKE OF VEHICLE _____ MODEL _____

Damage to Property of Others:

1. OWNER NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
MAKE OF CAR _____ YEAR _____
DRIVER _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
DRIVER'S LICENSE NO. _____
IS OTHER CAR INSURED? YES NO
NAME OF CO. _____
POLICY # _____
DESCRIBE DAMAGE AND ATTACH PHOTOS _____

