



Helpful Information to Obtain at Scene of Accident

Plate # **\*\*If nothing else get this\*\*** \_\_\_\_\_

Name of Registered Owner of Vehicle: \_\_\_\_\_

Address of Registered Owner of Vehicle: \_\_\_\_\_

\_\_\_\_\_

Vehicle's Year, Make, Model, Color: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Name of Driver and License #: \_\_\_\_\_

Driver's Date of Birth: \_\_\_\_\_

Driver's Telephone Numbers: \_\_\_\_\_

Policy # \_\_\_\_\_ (not applicable in Mass, but applicable for other states. # on their insurance card)

Name of Injured Parties: \_\_\_\_\_

Address and Phone # of Injured Parties: \_\_\_\_\_

Location of Accident: (street name and number and intersecting street) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Some customers keep a small camera in glove box or can use camera phone)

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