

**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.

**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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_




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