



Automobile Accident Information Form

(Please see important instructions on page 2)

General Information

Date of Accident:	Time:
Location:	
Weather Conditions:	Speed: Your Vehicle _____mph Other Vehicle _____mph
Road Conditions:	
Responding Police Dept.:	Police Report Number:
Officer Name:	Badge #:
Description of Accident:	
Draw Diagram of Accident:	

Clark Vehicle (1)	Clark Driver
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License Plate #:	Name:
Year/Make/Model:	Phone Number:
Damage:	Email:
Injuries:	License Number and State:

Other Vehicle (2)	Other Vehicle (3)
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Driver Name:		Driver Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Age:	Sex:	Age:	Sex:
License Number:	State:	License Number:	State:
Phone Number:		Phone Number:	
License Plate #:		License Plate #:	
Year/Make/Model:		Year/Make/Model:	
Insurance Company:		Insurance Company:	
Policy #:		Policy #:	
Owner (if not driver):		Owner (if not driver):	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Vehicle Damage:		Vehicle Damage:	
Injuries:		Injuries:	



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Passengers				
Name	Address	Phone	Vehicle #	Injuries

Witnesses			
Name	Address	Phone	Email

Important Instructions:

- Call for help if there are any injuries.
- Protect yourself, others, and the vehicle(s) from further damage. Get off the road, set up flares, etc.
- Do NOT admit fault, apologize for the accident, or promise to make any payment for damages.
- Collect all the information on this form. Use additional paper if necessary.
- Examine damage to other vehicle(s) involved. Take pictures if possible (with cellphone for example).
- Only discuss accident with police, Clark risk management, or Clark’s insurance company representatives.
- If the damage is \$1,000 and/or there was an injury, you must also complete a Massachusetts Motor Vehicle Crash Operator Report, which you can download at <http://tinyurl.com/ClarkAccident>
- Send this form (and Motor Vehicle Crash Operator Report if necessary) to Clark’s Business Manager.

Clark’s Insurance Information:

- Insurance company: Hanover Insurance
- Policy number: AMN-2860051
- Agent: Sullivan Insurance, 10 Chestnut Street, Worcester