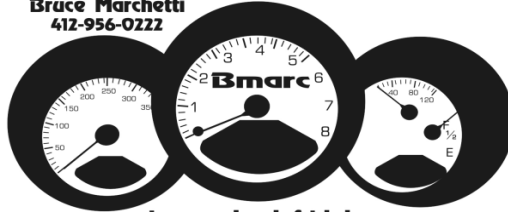


Bmarc School of Driving

Bruce Marchetti
412-956-0222



www.bmarcschoolofdriving.com

ACCIDENT CHECKLIST

DATE: _____ TIME: _____ LOCATION: _____

WEATHER CONDITIONS _____

Your Car

License Plate# _____

VIN: _____

Make/Model/Year _____

Driver _____

Passenger 1: _____

Passenger 2: _____

Additional Passengers _____

Driver's Information

Name: _____

License#/State _____

Insurance Information

Insurance Co. _____

Policy# _____

Police Department _____ Officer's Name _____

Accident Report # _____

Accident description on back of checklist.

Other Car

License Plate # _____

VIN: _____

Make/Model/Year _____

Driver _____

Passenger 1: _____

Passenger 2: _____

Additional Passengers _____

Driver's Information

Name: _____

License#/State _____

Insurance Information

Insurance Co. _____

Policy# _____

