

North American Spine Institute – Car Accident Form

Describe the other vehicle involved (who hit you/who you hit)

Car (Make/Model/Year):	
Insurance Provider/Name on Policy	
Policy Number:	
Insurance Telephone Number:	
Driver's License Number/State:	
License Plate Number:	
Number of people in other car:	

Explain how the accident happened.

Witness: Name/Telephone #	
Witness: Name/Telephone #	
Witness: Name/Telephone #	
Witness: Name/Telephone #	

Police Officer Name & Badge #:	
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Take pictures:

1. The accident
2. The witnesses
3. The person who hit you/who you hit
4. Anyone/Everyone in the other vehicle
5. Your vehicle

This is provided for informational purposes only and does not depict all information required in an accident. Each individual person must use his or her own judgment to determine what information is required in the event of an accident.