

Accident Information Form

(Print this form and keep it in your glove compartment)

Now it's easy to spot a quality auto body repair shop.



Certified First
NETWORK



Look for this sign.

Products approved for the Certified First Program have earned the Good Housekeeping Seal of Approval.

| | | | |
|---|--|---|--|
| Markel BMW Jaguar 716 N 102nd St. (402) 393-9703 | AA Collision Repair, Omaha 4902 So. 33 St. (402) 734-7705 | H&H Chevrolet, Omaha 4645 So. 84th St. (402) 596-2705 | Anderson Auto Body & Glass 9110 S. 145th St. (402) 894-2272 |
| Charlie Graham Body 4206 Leavenworth, Omaha (402) 551-6000 | Great Plains Auto Body 14540 Grover St., Omaha (402) 334-7100 | Plaza Pontiac GMC Buick 11911 "I" St. (402) 593-4000 | American Auto Body 8425 Blondo St., Omaha (402) 387-3340 |
| Ed's Auto Body, Bellevue 1010 Bert Murphy Blvd. (402) 291-2762 | Tim O'Neill Collision Center 1010 34th Ave., Co Bluffs (712) 366-2541 | Tom's Auto Body Inc. 1216 N 16th St., Co Bluffs (712) 328-7224 | McMullen Ford, Co Bluffs 3401 South Expressway (712) 366-0531 |

Find out more about Certified First by visiting: www.certifiedfirst.com or by calling 1-866-237-8178

| ACCIDENT DETAILS | | | | |
|--|-------------------|----------------------|-----------------|--|
| Date | Time | Street//Intersection | | |
| Police Dept./Sheriff | | Report # | | |
| OTHER VEHICLE INFORMATION | | | | |
| Year | Make | Model | | |
| License Plate # | Color | # Passengers | | |
| OTHER DRIVER INFORMATION | | | | |
| Last name | | First Name | | |
| Street Address | City | State/Province | Zip/Postal Code | |
| Home Phone | Business Phone | Cell Phone | | |
| Drivers License # | Insurance Company | Policy # | | |
| REGISTERED OWNER OF OTHER VEHICLE (if different) | | | | |
| Last name | | First Name | | |
| Street Address | City | State/Province | Zip/Postal Code | |
| Home Phone | Business Phone | Cell Phone | | |
| Drivers License # | Insurance Company | Policy # | | |
| OTHER VEHICLE PASSENGER INFORMATION | | | | |
| 1. Last name | | First Name | | |
| Street Address | City | State/Province | Zip/Postal Code | |
| Home Phone | Business Phone | Cell Phone | | |
| Drivers License # | Insurance Company | Policy # | | |
| 2. Last name | | First Name | | |
| Street Address | City | State/Province | Zip/Postal Code | |
| Home Phone | Business Phone | Cell Phone | | |
| Drivers License # | Insurance Company | Policy # | | |
| WITNESS INFORMATION | | | | |
| 1. Last name | | First Name | | |
| Street Address | City | State/Province | Zip/Postal Code | |
| Home Phone | Business Phone | Cell Phone | | |
| 2. Last name | | First Name | | |
| Street Address | City | State/Province | Zip/Postal Code | |
| Home Phone | Business Phone | Cell Phone | | |

It may be useful to make a diagram on the back of this form showing the position of all vehicles involved in the accident. Include: direction vehicle(s) were traveling in, point of impact, location of traffic lights/signs and intersections with street names.