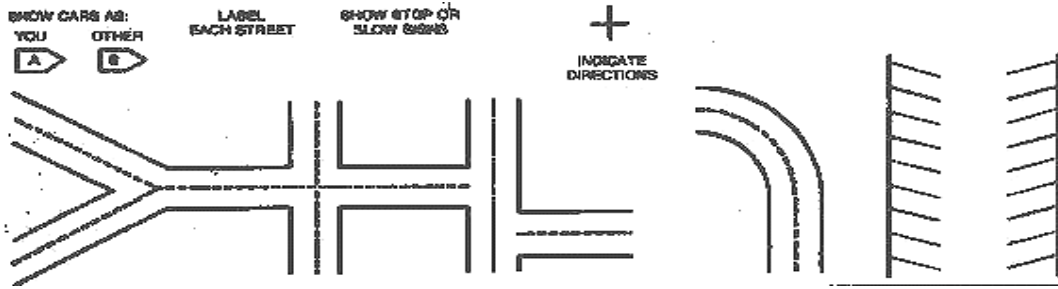


# Bill McElroy Auto Body (215 639-0806)



Illustrate position of cars at time of collision - Show skid marks Note speed you (and or) the other driver were traveling  
Get all information and describe accident as soon as possible Do not leave it up to memory

Try to stay calm, and get as much info as possible

Accident Date	Time	AM <input type="checkbox"/>	PM <input type="checkbox"/>		
Place of Accident					
Operators Name			Phone No.		
Operators Address					
Vin of Insured Vehicle					
Other Drivers Name			Phone No.		
Other Drivers Address					
Other Drivers License Number			State		
Make of Other Car			Year		
Plate Number			State		
Owner of Other Car			Phone		
Address					
Insurance Company			Policy Number		
Damage to Other Car or Property					
Persons Injured - Name - Address- Phone No.					
Where Taken					
Occupants of Other Car - Name Address Phone No.					
Witnesses - Name Address- Phone No.					
Police Officer Name		Badge No.	City <input checked="" type="checkbox"/>	State <input type="checkbox"/>	Police Dept.
Were Citation Issued? Yes <input type="checkbox"/> No <input type="checkbox"/>		Who Received Citation(s)		Citation(s) Issued	