

# Accident Reporting Form:

Call Your McFinn Insurance Representative at 781.682.1000 to Report Your Loss

## ACCIDENT INFORMATION

Date:	Time:
Number of Vehicles Involved:	
Location:	
Town:	State:
Your Vehicle:	
Name of Insured Operator:	
Relation to Insured:	
Operator Address:	
Operator City/State:	Zip:
Operator Phone Number:	

## PEDESTRIAN INFORMATION

Name:	
Address:	
City/State:	Zip:
Phone Number	

## OTHER VEHICLE INFORMATION

Owner:	
Address (Owner):	
City/State:	Zip:
Phone Number:	
Name of Operator of Other Vehicle:	
Relation to Owner:	
Driver's License Number:	
Exp. Date:	
Plate Registration:	
State:	Exp:
Year of Vehicle:	Make:
Model:	
Insurance Company:	

## WITNESSES

1. Name:	
Address:	
City/State:	Zip:
Phone Number:	
2. Name:	
Address:	
City/State:	Zip:
Phone Number:	

## INJURIES

1. Name:	
Address:	
City/State:	Zip:
Phone Number:	
Description of Injuries:	
Location of Injured Party: <input type="checkbox"/> Your Vehicle <input type="checkbox"/> Other Vehicle	
2. Name:	
Address:	
City/State:	Zip:
Phone Number:	
Description of Injuries:	
Location of Injured Party: <input type="checkbox"/> Your Vehicle <input type="checkbox"/> Other Vehicle	



### ALWAYS BE PREPARED!

In case of an accident, print this form and keep a copy in your glove box.