



Auto Accident Reporting Form Checklist

Call your Insurance agent to report your loss
Encharter phone: (413) 549-4971

- Check for injuries Call 911/police Take pictures of vehicles/damage/accident scene
- If damage is minor, move cars to the side of the road to avoid blocking traffic

Gather Accident Information:

Date: _____ Time: _____
Vehicles involved: _____ Your vehicle: _____
Location: _____ Town: _____ State: _____
Name of insured operator: _____
Relation to insured: _____
Operator address: _____ Town: _____ State: _____
Operator phone number: _____

Other Vehicle Information:

Vehicle owner: _____
Owner address: _____ Town: _____ State: _____
Owner phone number: _____
Name of operator if not owner: _____
Relationship to owner: _____
Driver license # _____ Exp Date: _____
Plate registration #: _____ State: _____ Exp: _____
Year of vehicle: _____ vehicle make: _____ Vehicle model: _____
Their insurance company: _____

Witnesses:

- 1) Name: _____
Address: _____ Town: _____ State: _____
Phone number: _____
- 2) Name: _____
Address: _____ Town: _____ State: _____
Phone number: _____

Injuries:

- 1) Name: _____
Address: _____ Town: _____ State: _____
Phone number: _____ Which vehicle: _____
Description of injuries: _____
- 2) Name: _____
Address: _____ Town: _____ State: _____
Phone number: _____ Which vehicle: _____
Description of injuries: _____