

DALE BARTON AGENCY1100 East 6600 South, Suite 400
Salt Lake City, Utah 84121-2400

Phone (801) 288-1600

Fax (801) 288-1944

KEEP THIS DOCUMENT IN YOUR VEHICLE.

IF YOU HAVE AN ACCIDENT, USE THIS FORM TO RECORD THE FACTS ABOUT THE ACCIDENT, INCLUDING NAMES AND ADDRESSES OF ALL PARTIES INVOLVED, AND ANY WITNESSES TO THE ACCIDENT. GIVE THE COMPLETED FORM TO YOUR INSURANCE AGENT OR COMPANY, OR PROVIDE THE INFORMATION BY PHONE.

DATE OF ACCIDENT AND TIME	LOCATION OF ACCIDENT (INCLUDE CITY AND STATE)
<input type="checkbox"/> AM <input type="checkbox"/> PM	

DESCRIPTION OF ACCIDENT (USE REVERSE SIDE IF NECESSARY)

AUTHORITY CONTACTED AND REPORT #	ANY VIOLATIONS/CITATIONS ISSUED AS A RESULT OF THE ACCIDENT (DESCRIBE)
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PROPERTY DAMAGED (NOT YOUR VEHICLE)

DESCRIBE PROPERTY (IF AUTO, YEAR, MAKE, MODEL, PLATE #)	OTHER VEH/PROP INS? <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPANY OR AGENCY NAME POLICY # :
OWNER'S NAME & ADDRESS		RESIDENCE PHONE (A/C, NO):
OTHER DRIVER'S NAME & ADDRESS		BUSINESS PHONE (A/C, NO, EXT):
<input type="checkbox"/> (CHECK IF SAME AS OWNER)		RESIDENCE PHONE (A/C, NO)
		BUSINESS PHONE (A/C, NO, EXT):

DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?
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INJURED PARTIES

NAME & ADDRESS	PHONE (A/C, NO)	PED	INS VEH	OTH VEH	AGE	DESCRIBE INJURY

WITNESSES OR PASSENGERS

NAME & ADDRESS	PHONE (A/C, NO)	INS VEH	OTH VEH	OTHER (SPECIFY)

YOUR INSURED VEHICLE

YEAR	MAKE:	BODY TYPE:	PLATE NUMBER	STATE
	MODEL:	V.I.N.:		
OWNER'S NAME & ADDRESS			RESIDENCE PHONE (A/C, NO):	
DRIVER'S NAME & ADDRESS			BUSINESS PHONE (A/C, NO, EXT):	
<input type="checkbox"/> (CHECK IF SAME AS OWNER)			RESIDENCE PHONE (A/C, NO)	
			BUSINESS PHONE (A/C, NO, EXT):	

RELATION TO INSURED (EMPLOYEE, FAMILY, ETC.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE	USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DESCRIBE DAMAGE	ESTIMATE AMOUNT	WHERE CAN VEHICLE BE SEEN?	WHEN CAN VEH BE SEEN?
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POLICY HOLDER INFORMATION

POLICY HOLDER'S NAME AND ADDRESS	RESIDENCE PHONE (A/C, NO):
	BUSINESS PHONE (A/C, NO, EXT):

REMARKS
