

Courtesy of...



Arnie's Auto Body, Inc.

23 Ctr. Depot Rd.
P.O. Box 449
Charlton, MA. 01507

PLEASE KEEP THIS FORM IN YOUR GLOVE BOX

ACCIDENT INFORMATION

Please collect all information of the other vehicle listed below.

Accident Date : ____/____/20____

Time: ____:____ (AM/PM)

Location: _____

Operator: _____

Operator's D.O.B: ____/____/____

Address (Line 1) : _____

Address (Line 2) : _____

License # (and State): _____

Expiration Date: ____/____/____

Vehicle Owner: _____

Address (Line 1) : _____

Address (Line 2) : _____

Plate # : _____ State : _____

Make, Model & Year of Car : _____

Insurance Co. : _____

Damaged Area : _____

ACCIDENT DESCRIPTION

IF THE DAMAGE TO ANY ONE VEHICLE OR PROPERTY IS OVER \$1000.00,
OR IF THERE IS ANY INJURY TO ANY PERSON, YOU ARE REQUIRED TO COMPLETE
AN ACCIDENT REPORT WITH YOUR LOCAL POLICE DEPARTMENT AND RMV IN
ACCORDANCE WITH MASSACHUSETTS GENERAL LAWS.

Please mark damages to your car:



Please mark damages to other car:



Sketch the scene of the accident to the best of your ability using the following diagram.
Write in street or highway names or numbers. Number each vehicle, indicating direction
of travel with an arrow.

