

VEHICLE ACCIDENT REPORT

INSTRUCTIONS:

COMPLETE as much information as possible at the scene. *REPORT* all accidents involving third parties, whether or not there is damage or injury. *COOPERATE* with investigating officer(s).

WITHIN 24 HOURS:

Send original to: **The B & G Group, Inc.** 55 West Ames Court Suite #400 Plainview, NY 11803
Phone (516) 576-0400 Fax (516) 576-1177 email: dbaruchin@thebggroup.com

Date of Accident _____ Time _____

OUR INFORMATION: Driver's Name _____ Address _____ Phone _____

Driver's Lic. No. _____ State _____ Expiration Date _____

Contact Person _____ Phone No _____

Vehicle ID No. (VIN) _____ Plate No. _____ Year ____ Make _____ Model _____

Location of vehicle _____ Location of Accident _____

Describe Damage to Vehicle: _____

Accident Reported to _____ Report # _____ Citations Issued? _____ If Yes, explain _____

THEIR INFORMATION: Insurance card provided to our driver/owner? Yes No

Owner's Name _____ Daytime Phone _____ Address _____

Insurance Company _____ Policy No _____ Phone No _____

Insurance Agent _____ Phone No. _____ Plate No. _____ State ____ Yr /Mk/Md _____

Driver's name _____ Phone _____ Address _____

Driver's Lic.No. _____ State _____ Expiration Date _____

Describe damage to other vehicle and any injuries reported: _____

Explain What Happened: _____

Witnesses (Name Addr and Phone No) _____

Driver's Signature _____ Date _____

- Use Rear Of Form To Expand On Any Item Necessary -