

# ACORD™ AUTO ACCIDENT INFORMATION FORM

Clear

Mike Harrolds

**KEEP THIS DOCUMENT IN YOUR GLOVE COMPARTMENT**

IF YOU HAVE AN ACCIDENT, use this form to record the facts about the accident, including names and address 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 1/20/23 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		LOCATION OF ACCIDENT (INCLUDE CITY & STATE) M39 North, Southfield MI
DESCRIPTION OF ACCIDENT (USE REVERSE SIDE IF NECESSARY) V1 Jerr Dan tow truck traveling NB in center lane and V2 2019 Linclon MXZ crossed into right lane then swerved back into center lane striking tow truck		
Dash cam video available of loss and obtained by officer at Accident scene		
AUTHORITY CONTACTED AND REPORT # Southfield PD, Central division AXC22398.CR2	ANY VIOLATIONS/CITATIONS AS A RESULT OF THE ACCIDENT (DESCRIBE) 22:12:33 improper lane change and failure to signal issued to driver of V2	

PROPERTY DAMAGED (NOT YOUR VEHICLE) DESCRIBE PROPERTY (if auto, year, make, model, plate #) 2019 Lincoln MKZ		INSURANCE COMPANY Geico
OWNER'S NAME & ADDRESS Mike Harrolds	RESIDENCE PHONE (A/C, No.) 615-335-8918	BUSINESS PHONE (A/C, No, Ext.)
OTHER DRIVER'S NAME & ADDRESS (Check if same as owner)	RESIDENCE PHONE (A/C, No.)	BUSINESS PHONE (A/C, No, Ext.)
DRIVER'S LICENSE NUMBER MI-49920-2265	DESCRIBE DAMAGE LF and drivers door	WHERE CAN DAMAGE BE SEEN? w/owner

NAME & ADDRESS	PHONE (A/C, No)	AGE	DESCRIBE INJURY
INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR			
INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR			

NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)
Forward View footage provded by MVSOL	248-817-6720 ext 3			Mike Romolino

YOUR INSURED VEHICLE		YEAR	MAKE	MODEL	PLATE NUMBER	STATE
		2020	Dodge 3500	Jerr Dan flat bed tow truck	MI-4251	MI
OWNER'S NAME & ADDRESS Troy Auto Care	RESIDENCE PHONE (A/C, No.) 248-247-7907					
DRIVER'S NAME & ADDRESS Michael Smith	BUSINESS PHONE (A/C, No, Ext.)					
RELATION TO INSURED (Employee, family, etc.) Employee	DATE OF BIRTH 5/12/77	DRIVER'S LICENSE NUMBER CKJ-239981	STATE AZ	PURPOSE OF USE Commercial	USED WITH PERMISSION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE DAMAGE RF and side.	WHERE CAN VEHICLE BE SEEN? Troy Auto Care	WHEN CAN VEH BE SEEN? Currently	OTHER INSURANCE ON VEHICLE N/A			
YOUR INSURANCE COMPANY NAME Freidmont	YOUR POLICY NUMBER MAL-CVP-330348974389	YOUR AGENT'S NAME Campbell Agency				

POLICYHOLDER INFORMATION		RESIDENCE PHONE (A/C, No.) 248-247-7907
POLICYHOLDER'S NAME & ADDRESS Troy Auto Care		BUSINESS PHONE (A/C, No, Ext.)
REMARKS		

## Accident Video Footage

