

AT-THE-SCENE

Auto Accident Reminders

- Get help for injured.
- Call police 911.
- Until police arrive, do what you can to prevent another accident from oncoming traffic.
- Fill out this form!
- Admit no liability.
- Notify your insurance agent or company.
- Then call Chiropractic Care Clinic at **(501) 268-2273**

CHIROPRACTIC CARE CLINIC
2924 HAWKINS DR.
SEARCY, AR 72143
(501) 268-CARE

TIM KAMERMAN, D.C.

KRISTY WARD, D.C.

AUTO ACCIDENT FORM

FOLD & PUT IN GLOVE COMPARTMENT

CHIROPRACTIC CARE CLINIC 2924 HAWKINS DR. SEARCY, AR 72143
(501) 268-2273

ACCIDENT INFORMATION

NAME OF OTHER DRIVER _____
DRIVER'S LICENSE NUMBER _____
OTHER DRIVER'S ADDRESS _____
CITY _____ STATE _____
AREA CODE/PHONE NUMBER _____
OTHER VEHICLE'S LICENSE NUMBER _____
OTHER VEHICLE'S MAKE/MODEL _____
OWNER'S NAME (IF NOT DRIVER) _____
INSURANCE COMPANY OF OTHER VEHICLE _____
DATE/TIME OF ACCIDENT _____
LOCATION OF ACCIDENT _____
ROAD OR STREET CONDITIONS _____
WEATHER CONDITIONS _____
WITNESS NAME / PHONE NUMBER / ADDRESS _____
WITNESS NAME / PHONE NUMBER / ADDRESS _____
NAME OF RESPONDING POLICE OFFICER / BADGE NO. _____
NAME OF INJURED PERSON(S) _____
DAMAGE TO OTHER VEHICLE _____
DAMAGE TO YOUR VEHICLE _____
DAMAGE TO PROPERTY—OWNER / PHONE / ADDRESS _____
NATURE OF DAMAGE _____

FILL THIS SECTION OUT NOW—YOUR PERSONAL EMERGENCY INFORMATION

YOUR NAME _____
YOUR ADDRESS _____
CITY _____ STATE _____
AREA CODE / PHONE NUMBER _____

PERSONS TO BE NOTIFIED IN CASE OF ACCIDENT

NAME _____
AREA CODE / PHONE NUMBER _____
NAME _____
AREA CODE / PHONE NUMBER _____

AUTO AND HOSPITALIZATION INSURANCE

AUTO INSURANCE COMPANY _____
INSURANCE POLICY NUMBER _____
AREA CODE / PHONE NUMBER _____
AUTO INSURANCE AGENT / PHONE _____
HOSPITALIZATION INSURANCE COMPANY _____
HOSPITALIZATION INSURANCE AGENT _____
INSURANCE POLICY NUMBER _____
AREA CODE / PHONE NUMBER _____
DO YOU CARRY AN EMERGENCY MEDICAL CARD?
_____ YES _____ NO _____
COMMENTS / HOW DID IT HAPPEN?
NAMES OF ANY PASSENGERS, ETC.