

ACCIDENT REPORTING FORM: CALL US TO REPORT YOUR LOSS

**O'Connor & Co. Insurance Agency, Inc.
508-943-3333**

ACCIDENT INFORMATION

OTHER VEHICLE INFORMATION

Date:	Time:	Owner:
# Vehicles Involved:		Address(Owner):
Location		City, State, Zip:
Town:	State:	Phone#:
Your Vehicle:		Name of operator of other vehicle:
Name of Insured Operator:		
Relation to Insured:		Relation to Owner:
Operator Address:		Drivers License#:
Operator City/State/Zip:		Exp. Date:
Operator Phone #:		Plate Registration:
Pedestrian Information		State
Name:		Year of Vehicle:
Address:		Model:
City, State, Zip:		Insurance Company:
Phone#:		

WITNESSES	INJURIES
1) Name:	1) Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone#	Phone#
	Description of Injuries:
2) Name:	
Address:	Location of Injured Party: Your Vehicle: <input type="checkbox"/> Other Vehicle: <input type="checkbox"/>
City, State, Zip:	
Phone#	2) Name:
	Address:
PLEASE PROVIDE THE FOLLOWING WHEN YOU CONTACT US	City, State, Zip:
	Phone#
	Description of Injuries:
	Location of Injured Party: Your Vehicle: <input type="checkbox"/> Other Vehicle: <input type="checkbox"/>

- Your Operator Name, License# & Date of Birth
- Your Vehicle Year, Make & Registration
- Your Policy#