



Fides Insurance Group
Auto Accident Reporting Form

FIDES *This form may be used as a guide for telephone reporting, or it can be completed and faxed to Jane Dempsey at Fax #: 617-977-9779.*

Your Name: _____ **Your Phone:** _____

When and where did the accident occur? Date: _____ **Time:** _____

Street/HWY/Intersection: _____

City/State: _____

How did the accident occur? _____

Weather Conditions: _____ **Were police at the scene?** Yes ☐ No ☐

Police department/precinct name: _____ **Officer/badge #:** _____

Citations issued: Yes ☐ No ☐ **To whom were citations issued:** _____

Describe the damage to your car:

Describe the damage to the other cars in the accident:

VEHICLE & OPERATOR INFORMATION

	Car 1 (Your Car)	Car 2 (Other Car)
Year/Make/Model		
License Plate/State		
Name of Driver of Vehicle		
VIN # of Insured Vehicle		
Driver's Address		
Driver's Date of Birth		
Driver's Injury (if any)		
Driver's Telephone #		
Name of Owner of Vehicle		
Owner's Address		
Insurance Co./Policy #		

PASSENGER INFORMATION

(For additional passengers, please attach a second sheet.)

	Car 1 (Your Car)	Car 2 (Other Car)
Name		
Address		
Phone		
Describe Injury (if any)		

PEDESTRIAN INFORMATION

Pedestrian Name	
Pedestrian Address	
Pedestrian Phone	
Describe Injury (if any)	

WITNESS INFORMATION

	Witness (1)	Witness (2)
Witness Name		
Witness Address		
Witness Phone		

Signature: _____ Date: _____