



M3 Insurance Solutions, Inc.  
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**AUTO ACCIDENT REPORT FORM**

Claims Facilitator:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employee Completing Report/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**ACCIDENT INFORMATION**

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Time: \_\_\_\_\_ Weather conditions: \_\_\_\_\_

Brief Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police Notified: Yes No Department: \_\_\_\_\_ Report #: \_\_\_\_\_

Ticket Issued: Yes No Who was ticketed: \_\_\_\_\_

**YOUR VEHICLE/DRIVER INFORMATION**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN # (Last 6 #): \_\_\_\_\_

Driver Name: \_\_\_\_\_ Phone \_\_\_\_\_

Passenger(s): \_\_\_\_\_

Injuries: Yes No Where taken: \_\_\_\_\_

List Vehicle Damage: \_\_\_\_\_

**OTHER VEHICLE/DRIVER INFORMATION**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN # (Last 6 #): \_\_\_\_\_

Driver Name: \_\_\_\_\_ Phone \_\_\_\_\_

Passenger(s): \_\_\_\_\_

Injuries: Yes No Where taken: \_\_\_\_\_

List Vehicle Damage: \_\_\_\_\_

**WITNESSES:** Yes No List Below:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_