

## ACCIDENT INFORMATION FORM

### IF AN ACCIDENT OCCURS

- Notify the proper authorities of any injuries.
- Make sure that paramedics are called if necessary.
- Stay clear of passing vehicles as you exchange information with others involved in the accident.
- Do not discuss the cause of the accident or admit fault.
- Fill out this Accident Information Form.
- Describe the accident to proper authorities exactly as you have recorded it on this form.
- Before your vehicle is repaired, give your insurance adjuster the request for Genuine Nissan Collision Parts.
- Tell your auto body repair shop to use only Genuine Nissan Collision Parts in repairing your vehicle.

### ACCIDENT INFORMATION

Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

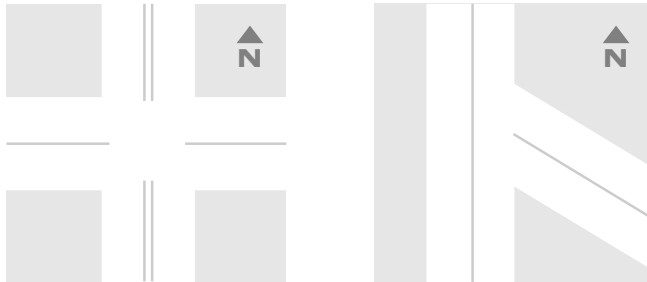
City \_\_\_\_\_

Weather \_\_\_\_\_

Traffic \_\_\_\_\_

#### DIAGRAM ACCIDENT

**N** - Your Nissan, **O** - Other Car



#### POLICE

Police Officer \_\_\_\_\_

Badge # \_\_\_\_\_ Station \_\_\_\_\_

#### WITNESSES

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

#### OTHER DRIVER

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_

Car Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_

License Plate # \_\_\_\_\_

Registered Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Insurer \_\_\_\_\_

Policy # \_\_\_\_\_

Agent's Name \_\_\_\_\_

Remember, if you don't insist on Genuine Nissan Collision Parts, your insurance company may specify the use of non-genuine parts which could be inferior.

