

**TRIVETTE BODY REPAIR  
471 RAYMOND LANIER RD  
LEXINGTON, NC 27295  
336-731-2034**

ACCIDENT INFORMATION FORM  
(Print and store in glove box)

| ACCIDENT DETAILS                                 |                   |                      |                 |
|--|-------------------|----------------------|-----------------|
| Date   | Time              | Street//Intersection |                 |
| Police Dept./Sheriff                             |                   | Report #             |                 |
| OTHER VEHICLE INFORMATION                        |                   |                      |                 |
| Year   | Make              | Model                |                 |
| License Plate #                                  | Color             | # Passengers         |                 |
| OTHER DRIVER INFORMATION                         |                   |                      |                 |
| <b>Last name</b>                                 |                   | <b>First Name</b>    |                 |
| Street Address                                   | City              | State/Province       | Zip/Postal Code |
| Home Phone                                       | Business Phone    | Cell Phone           |                 |
| Drivers License #                                | Insurance Company | Policy #             |                 |
| REGISTERED OWNER OF OTHER VEHICLE (if different) |                   |                      |                 |
| <b>Last name</b>                                 |                   | <b>First Name</b>    |                 |
| Street Address                                   | City              | State/Province       | Zip/Postal Code |
| Home Phone                                       | Business Phone    | Cell Phone           |                 |
| Drivers License #                                | Insurance Company | Policy #             |                 |
| OTHER VEHICLE PASSENGER INFORMATION              |                   |                      |                 |
| <b>1. Last name</b>                              |                   | <b>First Name</b>    |                 |
| Street Address                                   | City              | State/Province       | Zip/Postal Code |
| Home Phone                                       | Business Phone    | Cell Phone           |                 |
| Drivers License #                                | Insurance Company | Policy #             |                 |
| <b>2. Last name</b>                              |                   | <b>First Name</b>    |                 |
| Street Address                                   | City              | State/Province       | Zip/Postal Code |
| Home Phone                                       | Business Phone    | Cell Phone           |                 |
| Drivers License #                                | Insurance Company | Policy #             |                 |
| WITNESS INFORMATION                              |                   |                      |                 |
| <b>1. Last name</b>                              |                   | <b>First Name</b>    |                 |
| Street Address                                   | City              | State/Province       | Zip/Postal Code |
| Home Phone                                       | Business Phone    | Cell Phone           |                 |
| <b>2. Last name</b>                              |                   | <b>First Name</b>    |                 |
| Street Address                                   | City              | State/Province       | Zip/Postal Code |
| Home Phone                                       | Business Phone    | Cell Phone           |                 |