



AUTO ACCIDENT



FRANCHISE-OWNED AUTO ACCIDENT REPORT

DATE (MM/DD/YY)

SONIC

STORE NO.

DATE OF ACCIDENT

TIME OF LOSS

AM

PM

INSURED

NAME AND ADDRESS OF STORE

NAME/TITLE OF CONTACT (Manager, Asst. Mgr., etc.)

CONTACT NUMBERS (555-555-5555 EXT.555)

BUSINESS

HOME

BEST TIME TO CONTACT

BEST NUMBER TO CONTACT

MOBILE

LOSS

LOCATION OF LOSS (INCLUDING CITY & STATE)

POLICE CONTACTED? CITY AND REPORT NO.

VIOLATIONS/CITATIONS

DESCRIPTION OF ACCIDENT (USE REVERSE SIDE, IF NECESSARY)

INSURED DRIVER

YEAR, MAKE, MODEL

V.I.N. (VEHICLE IDENTIFICATION NUMBER)

PLATE NUMBER

OWNER'S NAME & ADDRESS

OWNER'S PHONE (555-555-5555 EXT.555)

BUSINESS:

HOME:

MOBILE:

DRIVER'S NAME & ADDRESS (CHECK IF SAME AS OWNER)

DRIVER'S PHONE (555-555-5555 EXT.555)

BUSINESS:

HOME:

MOBILE:

DRIVER'S DATE OF BIRTH

DRIVER'S LICENSE NO.

DRIVER'S INSURANCE COMPANY

INSURANCE POLICY NO.

DESCRIBE DAMAGE

PURPOSE OF USE

USED WITH PERMISSION?

 YES NO



AUTO ACCIDENT



PROPERTY DAMAGED

DESCRIBE PROPERTY (IF AUTO: YEAR, MAKE, MODEL, PLATE #)	OTHER VEHICLE OR INSURED PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	INSURANCE COMPANY
OWNER'S NAME & ADDRESS		OWNER'S PHONE (555-555-5555 EXT.555) BUSINESS: HOME: MOBILE:
OTHER DRIVER'S NAME & ADDRESS (<input type="checkbox"/> CHECK IF SAME AS OWNER)		DRIVER'S PHONE (555-555-5555 EXT.555) BUSINESS: HOME: MOBILE:
DESCRIBE DAMAGE		WHERE VEHICLE CAN BE SEEN

INJURED

NAME	ADDRESS (City, St, Zip)	PHONE (555-555-5555 ext xxx)	PED	INS VEH	OTHER VEH	AGE	EXTENT OF INJURY

WITNESS OR PASSENGERS

NAME	ADDRESS (City, St, Zip)	PHONE (555-555-5555 ext xxx)	INS VEH	OTHER VEH	OTHER (SPECIFY)

REMARKS

REPORTED BY	REPORTED TO
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