

Driver #1

Name _____

Address _____

City _____

State _____ Zip _____

Phone (____) _____

Driver's License # _____ State _____

License Plate # _____ State _____

Year _____ Make _____ Model _____

Insured by _____

Policy # _____

Agent _____

Agent Phone (____) _____

Description of Damage _____

Injury _____

Driver #2

Name _____

Address _____

City _____

State _____ Zip _____

Phone (____) _____

Driver's License # _____ State _____

License Plate # _____ State _____

Year _____ Make _____ Model _____

Insured by _____

Policy # _____

Agent _____

Agent Phone (____) _____

Driver #2

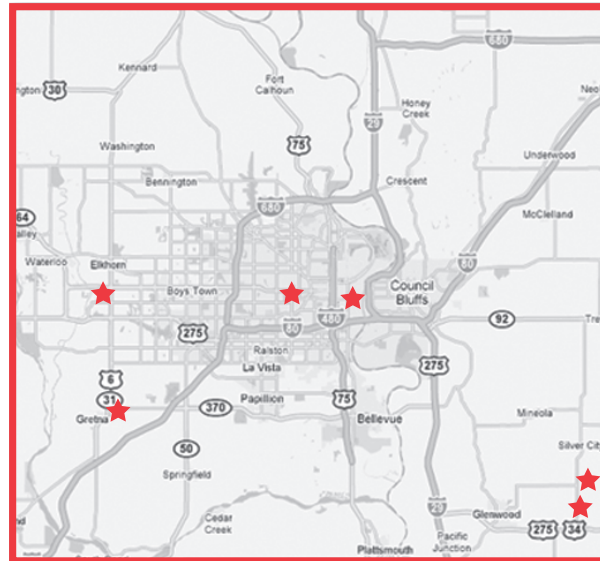
Description of Damage _____

Injury _____

1120 N. 205th St.
Elkhorn, NE 68022
(402) 763-9940
fax: (402) 763-9945

5638 Center St.
Omaha, NE 68106
(402) 898-8900
fax: (402) 898-8901

2235 S.13th St.
Omaha, NE 68108
(402) 346-3333
fax: (402) 346-1513



20110 Husker Dr.
Gretna, NE 68028
(402) 332-0300
fax: (402) 332-0301

604 S. Broadway
Red Oak, IA 51566
(712) 623-9300
fax: (712) 623-4078

1110 W. Sheridan Ave.
Shenandoah, IA 51601
(712) 246-4020
fax: (712) 246-4067

24/7 Hotline/Tow



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IN CASE OF AN ACCIDENT

STOP ... Warn other drivers to slow down. Turn on your emergency flashers and switch off ignition. **DO NOT MOVE YOUR VEHICLE UNTIL POLICE ARRIVE.**

AID THE INJURED ... Keep injured parties warm and as comfortable as possible; **DO NOT MOVE ANYONE** unless life threatening conditions exist.

CALL THE POLICE ... Request medical assistance if required. Do not leave the scene of the accident unless instructed to do so by the police.

GET DETAILED INFORMATION ... Obtain details necessary to complete this form. **DO NOT ADMIT FAULT!**

**Call Inter-Tech Collision for
repair instructions**

Details of Accident

Date _____ Time _____ (AM PM)

Location _____

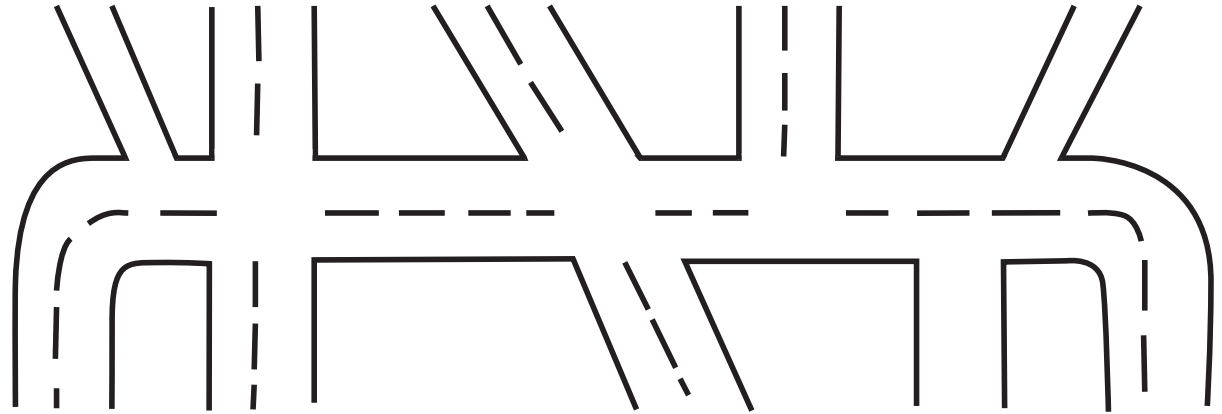
City _____ State _____

Damage to your vehicle _____

Weather _____

Road Conditions _____

Indicate North



Indicate direction of travel of each vehicle, traffic control devices and street names. Use arrows for each vehicle, your vehicle is #1.

Describe what happened _____

Police Information

Officer's Name _____

Badge Number _____

Phone (____) _____

Report Number _____

Citations Issued:

Self Driver 3

Driver 2 Driver 4

Witness

Name _____

Address _____

City/State/Zip _____

Phone (____) _____

Witness was in:

My Car Other Car Other

Name _____

Address _____

City/State/Zip _____

Phone (____) _____

Witness was in:

My Car Other Car Other