

**Vehicle and Driver Information**

*Obtain information for all vehicles involved.*

Vehicle Year/Make/Model

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VIN #

---

Plate #/State

---

Driver's Name

---

Address

---

City/State/Zip

---

Driver's License#/State

---

Driver's Insurance Co

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Policy #

---

Owner's Name *(if different from driver)*

---

Address

---

City/State/Zip

---

Driver's License #/State

---

Driver's Insurance Co

---



6512 Main Street, Amherst, NY 14221  
716.633.5050 – Fax 716.633.9052  
<http://www.buffalopersonalinjury.com/>

## Additional Vehicle and Driver Information

Vehicle Year/Make/Model

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VIN #

---

Plate #/State

---

Driver's Name

---

Address

---

City/State/Zip

---

Driver's License#/State

---

Driver's Insurance Co

---

Policy #

---

Owner's Name *(if different from driver)*

---

Address

---

City/State/Zip

---

Driver's License #/State

---

Driver's Insurance Co

---



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## Witness Information

Witness Name

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Address

---

City/State/Zip

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Phone #

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Witness Name

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Address

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City/State/Zip

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Phone #

---

Witness Name

---

Address

---

City/State/Zip

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Phone #

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