Date...../...../.....

Location.....

AJ Auto Accident Report

(847-678-8400)

Unit 1

Full Name: .....
DL Number: .....
Make .....
Model .....
License Plate/Vin .....

Insurance provider: .....
Policy Number: .....

Unit 2

Full Name: .....
Make .....
Model .....
License Plate/Vin .....

I, ..., declare to be at fault and responsible for the accident that occurred on ...../...../..... In the city of .....

I understand that by signing this letter I claim all responsibility for the accident without having a written Police Report.

Signature: Date:

..../...../.....