

Auto Accident Report Form

Keep In Your Glove Box

When an accident occurs:

First Steps	Do Not Say	While Still At the Scene
<ul style="list-style-type: none"> Remain calm Get to a safe place Check for injuries Administer First Aid Call police/EMT 	<ul style="list-style-type: none"> It's all my fault, (even if it is). My insurance will pay for everything. It's OK, I have full coverage. 	<ul style="list-style-type: none"> Get as much information as possible on this report. Take Pictures When the police come, cooperate and tell them what you know.

Driver Information

Name		Phone	
Address			

Your Vehicle Information

Vehicle Make/Model		Vehicle Color	
License Plate Number		Vehicle Year	

Accident Details

Day/Date/Time AM/PM	
Weather/Road Conditions	
Location of Accident	
Accident Details	

Damage Descriptions

Your Vehicle	Other Vehicle
Towing Company Name & Phone	Towing Company Name & Phone

Other Driver/Vehicle Information

Owner's Name:	
Owner's Address:	
Owner's Phone:	
Vehicle Make:	
Vehicle Model & Year:	
Vehicle Color:	
License Plate Number	
Insurance Company:	
Agent Name & Phone:	
Other Drivers Name:	
Other Drivers Address:	
Other Drivers Phone:	

Passengers/Injuries:

Your Vehicle	Other Vehicle
# Passengers:	# Passengers:

Police Information

Officer Name:	
Department:	
Phone:	
Badge Number:	
Other Info:	

Witness Information

Name:		Name:	
Address:		Address:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	

Sketch The Accident Scene:

Report all accidents immediately to:


Your vehicle


Other vehicles

