



Auto Accident Report Form

Keep In Your Company Vehicle at All Times

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		License Number	

Your Vehicle Information

Vehicle Make/ Model		Vehicle Year	
License Plate Number		Vehicle Color	

Accident Details

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

Damage Description

Your Vehicle	Other Vehicle

Towing Company Name & Number	Towing Company Name & Number

Other Drive/ Vehicle Information

Owner's Name	
Owner's Address	
Owner's Phone	
Vehicle Make & Model	
Vehicle Year	
Vehicle Color	
License Plate Number	
Insurance Provider	
Insurance Phone Number	
Policy Number	

Passengers/ Injuries:

Your Vehicle		Other Vehicle	
# of Passengers		# of Passengers	
Passenger Names		Passenger Names	
Names & Injuries		Names & Injuries	

Police Information

Officer Name	
Department	
Phone	
Badge Number	

Other Info	
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Witness Information

Name		Name	
Address		Address	
Home/ Cell Phone		Home/ Cell Phone	
Email		Email	



Sketch the Accident Scene

