

VEHICLE ACCIDENT REPORT FORM

This accident report form is a useful tool to assist you in the event you have an accident, loss, you are injured, and/or your vehicle is disabled.

Please place a copy of this form in each of your vehicles as a reference tool to help you remember information necessary in processing your claim.

In the event of an accident there are several things to remember:

- **Move to a safe location** if you or your car is creating a safety hazard or if you're concerned with your safety.
- **Do not leave the scene of the accident** until you have exchanged contact information with all other parties involved.
- **Call the police** and follow their instructions.
 - **Call 911** if there are any injuries.
 - In minor accidents, the police may instruct you to exchange information and then contact your insurance company.
- **Do not discuss who is at fault** with other parties, instead **Take Pictures** of the scene and damage.
- **Do not disclose your policy details.** You should only share your driver's license number, your insurance company's name and phone number, and your insurance policy number.
- **Collect as much information as you can** about the other drivers using the form below.

LOSS INFORMATION

Your Name: _____	Your Phone Number: _____
Date of Accident: _____	Time of Accident: _____
Street/Location: _____	City and State: _____
Police Department: _____	Police Report #: _____

OTHER VEHICLES AND PARTIES

Name of Driver: _____ Address: _____ City and State: _____ Drivers License #: _____ State: _____ Insurance Company: _____ Policy #: _____ Vehicle License #: _____ Year of Vehicle: _____ Make: _____ Model: _____ Passengers (y/n): _____ Injuries (y/n): _____ Passenger Names: _____ Witnesses: _____	Name of Driver: _____ Address: _____ City and State: _____ Drivers License #: _____ State: _____ Insurance Company: _____ Policy #: _____ Vehicle License #: _____ Year of Vehicle: _____ Make: _____ Model: _____ Passengers (y/n): _____ Injuries (y/n): _____ Passenger Names: _____ Witnesses: _____
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*USE THE BACK OF THIS FORM TO
DRAW A DIAGRAM OF THE INCIDENT*