

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 #: _____
Your VIN # (Last 4): _____	Passengers (y/n): _____ Injuries (y/n): _____
Year of Vehicle: _____ Make: _____	Passenger Names: _____
Model: _____	Witnesses: _____

OTHER VEHICLES AND PARTIES

Name of Driver: _____	Name of Driver: _____
Address: _____	Address: _____
City and State: _____	City and State: _____
Driver's License #: _____ State: _____	Driver's License #: _____ State: _____
Insurance Company: _____	Insurance Company: _____
Policy #: _____	Policy #: _____
Vehicle License #: _____	Vehicle License #: _____
Year of Vehicle: _____ Make: _____	Year of Vehicle: _____ Make: _____
Model: _____	Model: _____
Passengers (y/n): _____ Injuries (y/n): _____	Passengers (y/n): _____ Injuries (y/n): _____
Passenger Names: _____	Passenger Names: _____
Witnesses: _____	Witnesses: _____

*USE THE BACK OF THIS FORM TO
DRAW A DIAGRAM OF THE INCIDENT*