VEHICLE ACCIDENT REPORT FORM

Keep a copy of this form in each company vehicle. If an accident occurs, use it to record the information needed to report the claim.

AT THE SCENE — IMPORTANT REMINDERS

- **Move to a safe location** if the vehicle presents a safety hazard or you are concerned for your safety.
- **Do not leave the scene** until you have exchanged contact and insurance information with the other parties involved.
- **Call the police and follow their instructions.** Call 911 for injuries or other emergencies.
- **Do not discuss who is at fault.** Instead **take pictures** of the scene, road conditions, license plates and vehicle damage.
- **Share only the insurance information needed** (including your insurer and policy number); protect unrelated personal details.
- **Collect as much information as you can** for drivers, passengers and witnesses using the form below.

ACCIDENT 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): _____
Vehicle Year: ____ Make: _____	Passenger Names: _____
Model: _____	Witnesses: _____

ACCIDENT DESCRIPTION / WHAT OCCURRED

OTHER VEHICLES AND PARTIES

Name of Driver: _____	Name of Driver: _____
Phone Number: _____	Phone Number: _____
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 #: _____
Vehicle Year: ____ Make: _____	Vehicle Year: ____ 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 SKETCH THE ACCIDENT SCENE.