

# AUTO ACCIDENT REPORT FORM

Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM

## DRIVERS & VEHICLES

### YOUR VEHICLE

Driver			
Street address	City	State	Zip
Driver license #			
Email	Phone #		
Make of vehicle	Year	Model	
Vehicle owner			
Street address	City	State	Zip
Daytime phone #	Email		
Passenger(s)			

### OTHER VEHICLE

Driver			
Street address	City	State	Zip
Driver license #			
Phone #	Email		
Make of vehicle	Year	Model	License Plate #
Vehicle owner <i>(if different than driver)</i>			
Street address	City	State	Zip
Daytime phone #	Email		
Insurance Carrier	Policy #		
Passenger(s)			
Street address	City	State	Zip
Phone #			

## LOCATION & DESCRIPTION OF ACCIDENT

Street	Intersecting with		
City	State		
Light Conditions (circle one)			
Daylight	Dawn	Dusk	Dark
Weather (circle one)			
Rain	Snow	Clear	Fog
Road surface (circle one)			
Dry	Wet	Snow	Ice
Highway (circle one)		Divided or undivided	
Number of lanes			
Posted speed limit			
Your speed			
Other vehicle speed			
Location of damage to your vehicle			
Towed?	yes or no	Location	
Location of damage to other vehicle			
Towed?	yes or no	Location	
Description of accident			
Police department			
Investigating officer			
Badge #		Report #	
Citations			
Witness Name			
Street address	City	State	Zip
Phone #			
Persons Injured			
Location in car (circle one)			
Driver of your vehicle	passenger(s) in your vehicle	driver of other vehicle	passenger(s) in other vehicle
Street address	City	State	Zip
Phone #			