

Auto Accident Report Form

KEEP IN YOUR GLOVE BOX

When an accident occurs:

First Steps	Do Not Say	While Still at the Scene
<input type="checkbox"/> Remain calm <input type="checkbox"/> Get to a safe place <input type="checkbox"/> Check for injuries <input type="checkbox"/> Administer First Aid <input type="checkbox"/> Call police/EMT	<input type="checkbox"/> It's all my fault (even if it is). <input type="checkbox"/> My insurance will pay for everything. <input type="checkbox"/> It's OK, I have full coverage.	<input type="checkbox"/> Get as much information as possible on this report. <input type="checkbox"/> Take pictures <input type="checkbox"/> When the police come, cooperate and tell them what you know.

Accident Details

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

Damage Descriptions

Your Vehicle
<p>Towing Company Name & Phone</p>
Other Vehicle
<p>Towing Company Name & Phone</p>

Other Drive/Vehicle Information

Owner's Name:	
Owner's Address:	
Owner's Phone:	
Vehicle Make:	
Vehicle Model & Year:	
Vehicle Color:	
License Plate Number:	
Insurance Company:	
Agent Name & Phone:	
Other Drivers Name:	
Other Drivers Address:	
Other Drivers Phone:	

Passengers/Injuries

Your Vehicle

Number of Passengers:

Other Vehicle

Number of Passengers:

Police Information

Officer Name:	
Department:	
Phone:	
Badge Number:	
Other Info:	

Witness Information

Name:	
Address:	
Home Phone:	
Work Phone:	

Name:	
Address:	
Home Phone:	
Work Phone:	

Sketch the Accident Scene

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