

Auto Accident Report Form

Keep In Your Glove Box

When an accident occurs:

| First Steps | Do Not Say | While Still At the Scene |
|--|--|---|
| <ul style="list-style-type: none"> Remain calm. Get to a safe place. Check for injuries. Administer First Aid. Call police/EMT. | <ul style="list-style-type: none"> It's all my fault, (even if it is). My insurance will pay for everything. It's okay, I have full coverage. | <ul style="list-style-type: none"> Get as much information as possible on this report. Take pictures. 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 | Other Vehicle |
|-----------------------------|-----------------------------|
| Towing Company Name & Phone | Towing Company Name & Phone |

Other Driver/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 | Other Vehicle |
| # Passengers: | # Passengers: |
| | |

| | |
|---------------------------|--|
| Police Information | |
| Officer Name: | |
| Department: | |
| Phone: | |
| Badge Number: | |
| Other Info: | |

| | | | |
|----------------------------|--|-------------|--|
| Witness Information | | | |
| Name: | | Name: | |
| Address: | | Address: | |
| Home Phone: | | Home Phone: | |
| Work Phone: | | Work Phone: | |

| |
|-----------------------------------|
| Sketch The Accident Scene: |
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