



# Accident Report Form

If accident occurs with another vehicle, the police must be contacted.

### Tips:

- Stay calm.
- Do not admit fault or sign anything, or offer to pay for any damages regardless of the circumstances.
- Discuss the accident only with the police.
- Notify your insurance company as soon as possible.
- Complete this form as detailed as possible.
- Take photos if possible.
- Obtain copy of accident report.

### The Accident

Date and Time: _____
Location (include city, State and street names)
Road Conditions: _____
Weather: _____
What direction were you going: _____ Your speed: _____

*On the back side of this form is a space to describe and sketch the accident in detail. Do this asap!*

### If police were called, obtain the following:

Police Officer Name, Badge #, and Precinct:
Police Report #: _____
Any citations issued? List here
Was anyone injured? List who (driver, pedestrian, etc.) name, address, phone #, and injuries:
Name, address and phone # of any witnesses: (independent witnesses are most important!)

### Vehicle #1 (you)

Driver's Name: _____
Driver's License # _____
Driver's Address & Phone #: _____
Owner's Contact Information: (if different from driver's)
Insurance Company: _____
Policy #: _____ Expires: _____
Vehicle make, model & year: _____
License plate #: _____ State: _____
Carefully examine the vehicle and describe any damage:
Name & position of passengers: (ex. driver's side rear)

### Vehicle #2 (other)

Driver's Name: _____
Driver's License # _____
Driver's Address & Phone #: _____
Owner's Contact Information: (if different from driver's)
Insurance Company: _____
Policy #: _____ Expires: _____
Vehicle make, model & year: _____
License plate #: _____ State: _____
Carefully examine the vehicle and describe any damage:
Name & position of passengers: (ex. driver's side rear)



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**What happened?** (Describe the accident in detail)


**Sketch the accident in the space below:**

- show vehicles and roads in the sketch
- Using arrows, indicate the direction vehicles were traveling
- Number vehicles: yours #1, Other(s) #2, #3, etc.

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