

Auto Accident Report Form

Take pictures of:

- Overall scene - from different angles; close up & far away
- Damage to other vehicle(s)
- Damage to your vehicle
- "Things" or Objects involved (such as debris on highway, skid marks)

Accident Information

Date: _____

Time: _____

Location: _____

Weather: Clear/Cloudy/Raining/Snow/Fog/Windy

Visibility: Daylight/Dawn/Dusk/Dark

Road Conditions: Dry/Wet/Snow/Ice/Mud

Traffic: Heavy/Medium/Light/Other

Police Information

Officer's name: _____

Badge number: _____

Station: _____

Phone: _____

Witnesses

Name: _____

Address: _____

Telephone: _____

Towing Information

Company: _____

Address: _____

Telephone: _____

Where vehicle taken: _____

Storage Facility Information

Company: _____

Address: _____

Telephone: _____

Other Driver

Name: _____

Address: _____

Telephone: _____

Driver's License No.: _____

Insurance Company: _____

Policy Number: _____

Agent name: _____

Telephone: _____

Other Vehicle

Owner: _____

Address: _____

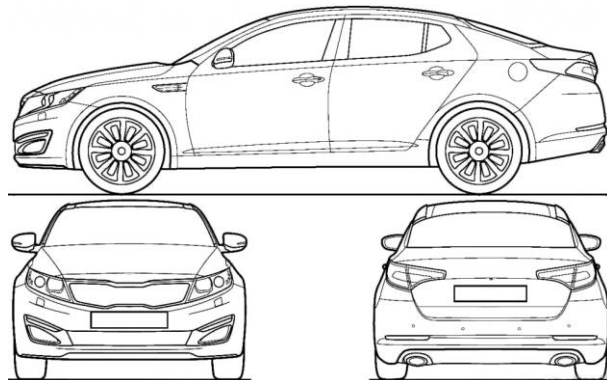
Telephone: _____

Make & Model: _____

Year: _____

Color: _____

License Plate: _____



Damage Descriptions

Circle where damage(s) occurred on vehicle.

Damage to Property Other than Vehicles
(Such as parked car, fence, light pole, etc.)

Property: _____
Owner: _____
Address: _____
Telephone: _____
Nature of damage: _____

Injuries

Your vehicle:

Name: _____
Injury: _____

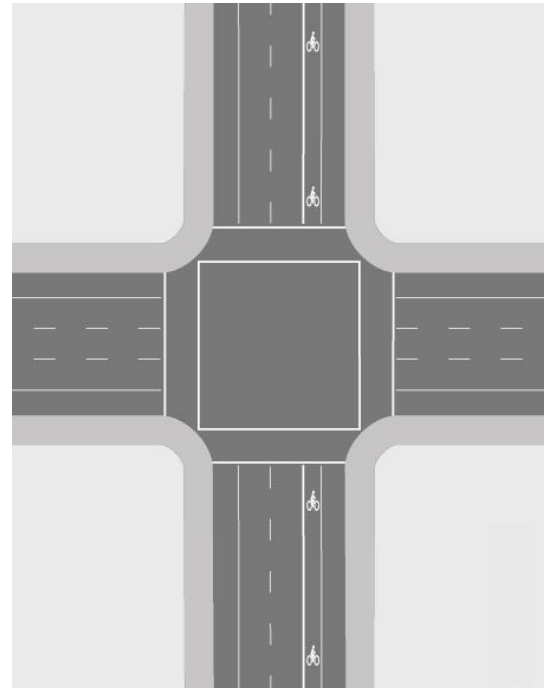
Injuries to Other(s)

Name: _____
Address: _____
Telephone: _____
Type of injury: _____

Ambulance Information

Agency: _____
Telephone: _____
Report No. : _____

Diagram Accident



For more information visit:
www.all-about-car-accidents.com