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: ________________________________

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: ________________________________

Towing Information
Company: ________________________________
Address: ________________________________
Telephone: ________________________________
Where vehicle taken: ________________________________

Storage Facility Information
Company: ________________________________
Address: ________________________________
Telephone: ________________________________

Damage Descriptions
Circle where damage(s) occurred on vehicle.

AllAboutCarAccidents.com
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.: ____________________________