

# 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"> <li>Remain calm</li> <li>Get to a safe place</li> <li>Check for injuries</li> <li>Call Police/EMT</li> </ul>	<ul style="list-style-type: none"> <li>It's all my fault (even if you think it is).</li> <li>My insurance will pay for everything.</li> <li>It's OK, I have full coverage.</li> </ul>	<ul style="list-style-type: none"> <li>Complete this form for your use and records.</li> <li>Take pictures of all vehicles involved and the scene of the accident.</li> </ul>

## 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/Model/Year:	
Vehicle Color:	
License Plate Number:	
Insurance Company:	
Agent Name & Phone:	
Other Driver's Name:	
Other Driver's Address:	
Other Driver's Phone:	

## Passengers/Injuries

Your Vehicle:		Other Vehicle:	
# Passengers:		# Passengers:	
Name:		Names:	
Address:		Address:	
Phone Numbers:		Phone Numbers:	
Injuries, if any:		Injuries, if any:	

**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 & What Happened:**