

Vehicle Accident Report

Your Organization: _____ Date of Accident: _____ Time: _____ AM PM

Location of Accident: _____
(Street)

(City) (State) (Zip) (Nearest cross street, milepost, etc.)

Your Vehicle

Driver's Name: _____ License #: _____ License State: _____ Phone: _____

Vehicle Year, Make Model: _____ VIN: _____

Other Vehicle

Driver's Name: _____ License #: _____ License State: _____ Phone: _____

Driver's Address: _____

Vehicle Year, Make Model: _____ VIN: _____

Insurance Info: _____
(Company) (Policy #) (Broker) (Broker Phone #)

Witness Information

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Accident Information

Police Department: _____ Badge # or Name of Officer: _____ Case #: _____

List persons cited or arrested and charges filed: _____

List injuries and which vehicle, if any, they were in: _____

Describe damage to property other than vehicles: _____

Accident Description, including how it occurred: _____


INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED


Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

Number your vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.



Use solid line to show path before accident and broken line after the accident.

Show pedestrian by 

Show railroad by 

Place arrow in this circle to indicate NORTH 