



Auto Accident Report Form

Keep In Your Glove Box

When an accident happens:

First Steps	Do Not Say	While Still at the Scene
<ul style="list-style-type: none"> • Remain Calm • Get to a safe place • Check for injuries • Call police/EFT 	<ul style="list-style-type: none"> • It's all my fault (even if it is) • My insurance will pay for everything • It's ok, I have full coverage 	<ul style="list-style-type: none"> • Get as much information as possible on this report • Take Pictures • When the police come, cooperate and tell them what you know.

Accident Details

Day/Date/Time (am or pm)	
Weather/Road Conditions	
Location of Accident	
Accident Details	

Vehicle Damage Information

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:	
Vehicle Model & Year:	
Vehicle Color:	
License Plate #	

Insurance Company:	
Agent Name & Phone:	
Claim Phone #:	
Policy #	

Passengers/Injuries

Your Vehicle	Other Vehicle
# of Passengers:	# of Passengers:

Policy Information

Officer Name:	
Department:	
Phone #:	
Badge #:	
Accident Report #	

Sketch The Accident Scene: