

# Accident Report Guide

To be completed at accident scene.

## Accident Details:

Date/Time/AM/PM \_\_\_\_\_

Weather/Road Conditions \_\_\_\_\_

Location \_\_\_\_\_

Your Passengers \_\_\_\_\_

\_\_\_\_\_

Detail What Happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Injuries to You and Your Passengers

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Other Driver #1:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Vehicle Make/Model/Year \_\_\_\_\_

\_\_\_\_\_

License Plate Number/State \_\_\_\_\_

Vehicle Owner Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Agent & Phone \_\_\_\_\_

\_\_\_\_\_

Passengers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Any Injuries

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Other Driver #2:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Vehicle Make/Model/Year \_\_\_\_\_

\_\_\_\_\_

License Plate Number/State \_\_\_\_\_

Vehicle Owner Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Agent & Phone \_\_\_\_\_

\_\_\_\_\_

Passengers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Any Injuries

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Witness #1 Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
\_\_\_\_\_

**Witness #2 Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
\_\_\_\_\_

**Police Information:**

Officer Name \_\_\_\_\_

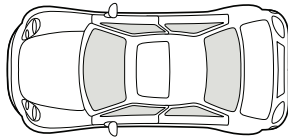
Department \_\_\_\_\_

Phone \_\_\_\_\_

Badge Number \_\_\_\_\_

**Damage to Your Vehicle A:**

Circle Damage Area



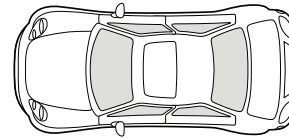
Describe Damages  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Towing Company? \_\_\_\_\_

Phone \_\_\_\_\_

**Damage to Other Vehicle B:**

Circle Damage Area



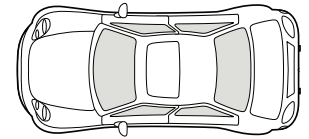
Describe Damages  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Towing Company? \_\_\_\_\_

Phone \_\_\_\_\_

**Damage to Other Vehicle C:**

Circle Damage Area



Describe Damages  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Towing Company? \_\_\_\_\_

Phone \_\_\_\_\_

**Do your best to sketch the accident scene.**

Draw roads as necessary. Place labeled vehicles at point of contact and then indicate where they came to rest. Write street names. Draw and write details as needed.

**A** Your Vehicle

**B** Other Vehicle B

**C** Other Vehicle C



Indicate North with an arrow.

