

# Automobile Accident Form

*Please gather any information you can. Use this form as a guide.*

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm

Your Name: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Location of Accident (intersection, address, exit number, etc.): \_\_\_\_\_

\_\_\_\_\_

## Get photos if possible:

- ☐ damage to vehicles
- ☐ people involved, including injuries
- ☐ accident scene (skid marks, road conditions, etc.)
- ☐ accident location identifiers (signs, etc.)
- ☐ identifications of those involved (insurance cards, driver's licenses, license plates, etc.)

## Vehicles Involved

Make	Model	Year	License Plate #	# of Passengers
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## People Involved - Our Vehicle

How many people were in our vehicle? \_\_\_\_\_

Names of those in our vehicle: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were any of our passengers injured? Please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## People Involved - Other Vehicle(s)

Name: \_\_\_\_\_ ☐ Driver ☐ Passenger ☐ Witness

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ ☐ Driver ☐ Passenger ☐ Witness

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ ☐ Driver ☐ Passenger ☐ Witness

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ ☐ Driver ☐ Passenger ☐ Witness

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Insurance Information of Other Vehicle(s)

Insurance Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Which car/driver does this belong to? \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Which car/driver does this belong to? \_\_\_\_\_

## Emergency Services that Responded to the Accident

Police Department: \_\_\_\_\_ Phone number: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Badge Number: \_\_\_\_\_

Police Report Number (ask for a copy of the accident report): \_\_\_\_\_

Other Responders (ambulance, fire department, etc.): \_\_\_\_\_

\_\_\_\_\_