

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.): _____