

# AUTO ACCIDENT REPORTING FORM



Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_

## After the Accident...

1. Call the police or county sheriff.
2. Take scene photos: street/intersection (all directions), all vehicle/property damage, etc.
3. If available, preserve any drive camera or dash camera video.
4. Do not admit fault or responsibility for the accident, injury, property damage, etc.
5. Time is of the essence. Report the incident to your manager and/or insurance company immediately.

Insured contact (name, phone, & email):

Accident date & time (am/pm):  Weather/Road conditions:

Location of accident (street address or street name, city, state):

Accident description:

## INSURED VEHICLE

Year, make, model & last 4 digits of VIN:	
Driver's name, phone & email:	
Describe vehicle damage: Is it drivable? Yes    No	
Where is the vehicle now?	
Any passengers? Yes    No If Yes, list name, phone & email:	
Anyone injured? Yes    No If Yes, list name, phone, email & nature of injury:	
Was medical treatment provided? Yes    No If Yes, where:	

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## OTHER VEHICLE

Year, make, model & license plate # (OR property damaged other than a vehicle):	
Driver's name, address, phone, email & driver's license #:	
Insurance company & policy #:	
Owner's name, address, phone & email, if different from the driver:	
Describe vehicle damage: Is it drivable? Yes    No	
Any passengers? Yes    No If Yes, name, phone & email:	
Anyone injured? Yes    No If Yes, name, phone, email & nature of injury:	
Was medical treatment provided? Yes    No    If Yes, where:	

## WITNESSES

Name, address, phone & email:	
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## RESPONDING POLICE OR OTHER LAW ENFORCEMENT

Department (City/County):	
Report #:	

Report prepared by:

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

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

Date: \_\_\_\_\_

\*\*Attach an additional page if needed to include additional information, remarks, etc.