

Auto Accident Report Form

In the event of a vehicle accident:

1. Stop immediately. Pull off onto shoulder or side of road. Place warning signals promptly. Consider safety of yourself and others.
2. Call 911. Cooperate with emergency first responders and provide them requested information.
3. Call Company Office.
4. **Do Not Admit Fault. Do Not Argue.**
5. Gather as many details as possible using this form.
6. Take photos of damage(s) to all vehicles and property.

Date/Time:		Number of Vehicles Involved:	
Road Condition:		Weather:	
Location (Address/Intersection, City, State):			
Law Enforcement Responded (If Yes Complete This Section)? YES NO			
Officer Name:		Officer Badge #:	
Contact Information:		Case #:	
Traffic Citation Issued? YES NO		Citation Details:	
Other Party Traffic Citation Issued? YES NO		Citation Details:	
Company Vehicle Details			
Company Driver's Name:		Phone #:	
Driver's License #:		Driver Injury: YES NO Describe Injury:	
Vehicle Make/Model/Year/VIN:		License Plate #:	
Passenger(s) Name: Injury: YES NO Describe Injury:			
Description of Vehicle Damage:			
Other Involved Vehicle/Party Details			
Other Vehicle Driver's Name:		Phone #:	
Other Vehicle Driver's License #:		Other Vehicle Co Name:	
Other Vehicle Driver's Address:		Other Vehicle Driver Injury: YES NO Describe Injury:	
Vehicle Make/Model/Year/VIN:		License Plate #:	
Passenger(s) Name: Injury: YES NO Describe Injury:			
Description of Other Vehicle Damage:			
Other Driver Insurance Co Name:		Policy #:	
Insurance Co Phone #:			






Witness Information	
<u>Witness #1</u> Name: Address: Phone #:	<u>Witness #2</u> Name: Address: Phone #:

Accident Diagram

1. Take Photos of the scene, your vehicle, other party vehicle, any property damage
2. In the box, draw outline of roadway at accident scene. Label roads or other significant landmarks.
3. Draw each vehicle involved and Label. Indicate direction of travel with arrows. Use solid line for travel before accident and dashed line for travel after accident.

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Example icons for diagram

- Pedestrians 
- Motorcycle/Bicycle 
- Vehicle 
- Railroad 
- Utility Pole 

Describe what happened leading up to and causing accident (referring to vehicles by number from drawing).

Return this completed form to the Company Office.