

VEHICLE ACCIDENT REPORT

Driver: _____ Date of birth: _____

License #: _____ Vehicle: _____
Year Make Model

Vehicle Identification Number: _____

ACCIDENT INFORMATION

Date: _____ Time: _____ City: _____ State: _____
Street location: _____
Description: _____

Use reverse side if necessary.

OTHER VEHICLE(S)

Year/Make/Model: _____ License Plate #: _____
State: _____
Owner's name and address: _____
Driver's name and address: _____
Driver's license #: _____ State: _____ Expiration date: _____
Relationship to owner: _____
Description of damage: _____

Insurance Company: _____ Phone #: _____
Policy #: _____ Expiration date: _____

INJURIES

Name: _____
Address: _____
Extent of Injuries: _____
Use reverse side if necessary.

WITNESS

Name: _____
Address: _____
Extent of Injuries: _____
Use reverse side if necessary.

OTHER PROPERTY DAMAGE

Owner's Name: _____
Address: _____
Extent of Damage: _____
Use reverse side if necessary.

Driver Signature: _____ Date: _____