

VEHICLE ACCIDENT REPORT FORM



ACCIDENT INFORMATION

ACCIDENT DATE/TIME		LOCATION OF ACCIDENT (include city & state)	POLICE DEPT. TO WHOM REPORTED
	a.m. p.m.		
ORIGIN & DESTINATION OF YOUR TRIP			POLICE OFFICER
PURPOSE OF TRIP			

INSURED VEHICLE & DRIVER

MAKE	MODEL	YEAR	VEHICLE I.D. OR SERIAL NO.	FLEET NO.	LICENSE PLATE NO.
NAME OF DRIVER			HOME ADDRESS		TELEPHONE (home)
DEPARTMENT EMPLOYED			OFFICE ADDRESS		TELEPHONE (office)
DRIVERS LICENSE NO.		DATE OF BIRTH		NAME OF SUPERVISOR	
DESCRIBE VEHICLE DAMAGE			WHERE & WHEN CAN VEHICLE BE SEEN?		

OTHER VEHICLE OR PROPERTY

MAKE	MODEL	YEAR	LICENSE PLATE NO.	INSURANCE CARRIER & ADDRESS	
NAME OF DRIVER			ADDRESS		TELEPHONE
OWNER			ADDRESS		TELEPHONE
DESCRIBE VEHICLE DAMAGE			WHERE & WHEN CAN VEHICLE BE SEEN?		

ACCIDENT

DESCRIPTION OF ACCIDENT (use additional sheet if necessary)

INJURED

INJURED NAME & ADDRESS	INJURIES	AGE		INSURED VEHICLE	
		OTHER VEHICLE		PEDESTRIAN	
INJURED NAME & ADDRESS	INJURIES	AGE		INSURED VEHICLE	
		OTHER VEHICLE		PEDESTRIAN	
INJURED NAME & ADDRESS	INJURIES	AGE		INSURED VEHICLE	
		OTHER VEHICLE		PEDESTRIAN	

WITNESSES

WITNESS NAME & ADDRESS	INSURED VEHICLE	OTHER	
	OTHER		
WITNESS NAME & ADDRESS	INSURED VEHICLE	OTHER	
	OTHER		
WITNESS NAME & ADDRESS	INSURED VEHICLE	OTHER	
	OTHER		

REMARKS	
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Driver Signature	Date	Supervisor Signature	Date
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SHOW HOW THE ACCIDENT HAPPENED USING ONE OF THESE DIAGRAMS

SHOW EACH VEHICLE'S POSITION AT THE MOMENT THAT THE ACCIDENT HAPPENED. SHOW THE DIRECTION AND DISTANCE EACH VEHICLE TRAVELED BEFORE THE CRASH BY DRAWING SOLID LINES WITH ARROWS INDICATING DIRECTION. SHOW THE DIRECTION AND DISTANCE EACH VEHICLE TRAVELED AFTER THE CRASH BY DRAWING DOTTED LINES WITH ARROWS INDICATING DIRECTION. SHOW ANY AT-RISK PEDESTRIANS WITH SMALL CIRCLES AND INDICATE RAILROAD TRACKS WITH DASHED LINES. MARK YOUR VEHICLE WITH AN ASTERISK

