

**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	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 the reverse side if necessary.

Witness/ Passengers	Name Address
	_____
	Extent of Injuries

\_\_\_\_\_

Use the reverse side if necessary.

Other Property Damage	Owner's name Address
	_____
	Extent of damage

\_\_\_\_\_

Use the reverse side if necessary.

USE REVERSE SIDE TO PROVIDE A DIAGRAM OF THE SCENE



Signature \_\_\_\_\_

Date \_\_\_\_\_

RETAIN THIS FORM ON FILE FOR A MINIMUM OF 7 YEARS FROM THE ACCIDENT

Regulation Approved: May 20, 2013