



ACCIDENT REPORT FORM

PLEASE ANSWER ALL QUESTIONS
PROVIDE AS MUCH INFORMATION AS POSSIBLE

INSURED	PHONE NUMBER	POLICY NUMBER	CLAIM NUMBER

YOUR CAR: Make/Model of car _____ Year _____ Body Type _____ Plate# _____
 Owner _____ Date of Birth _____ VIN _____
 Street Address _____ City _____ State _____
 Driver (if different than owner) _____ Date of Birth _____ Relation to owner _____
 Street Address _____ City _____ State _____ Ph.# _____
 Driver's License No.(s): Owner _____ (State) _____ Driver _____ (State) _____
 For what purpose was car being used at time of accident? (be specific) _____

Describe damages to your car _____

Current Location of your car _____

Estimate of repairs \$ _____ (please attach a copy) Is car financed? _____ If yes, by whom? _____

Did anyone suffer injuries? _____ If yes, please complete Bodily Injury section on the back.

Number of occupants in your car (including the driver) _____

OTHER CAR: Make/Model of car _____ Color _____ Year _____ Body Type _____ Plate# _____
 Owner _____ Address _____ Ph.# _____
 Driver _____ Date of Birth _____ Driver's Lic. No. _____ Ph.# _____
 Driver's Street Address _____ City _____ State _____

Describe damages to car _____

Did they have insurance? _____ If yes, what company _____

TIME, PLACE, AND FACTS: Date of accident ____ / ____ / ____ Time ____:____ A.M. P.M. Daylight - or - Dark? _____

Location of accident _____ City _____ State _____

Was view of either party obstructed? _____ If Yes, by what? _____

Type of Road _____ Wet or Dry _____ Weather _____

Your direction _____ on what street _____ His/Her direction _____ on what street _____

When you first saw other party what was your speed? _____ Other party's _____

When collision occurred what was your speed? _____ Other party's _____

Where were you when you first saw other party? _____

Where was other party when you first saw him/her? _____

Which vehicle entered the intersection first? _____

Did you have stop sign -or- traffic light? _____ Other party _____

Did you fail to observe stop sign -or- traffic light? _____ Other party _____

What signals did you give? _____ Other party _____

What lights did you have on? _____ Other party _____

Had you been drinking alcohol? _____ Other party _____

Had you been taking any prescribed medication? _____ If yes, please list _____

Had you been taking any illegal substances? _____ If yes, please list _____

Were you ticketed for any traffic violation? _____ If yes, list violation(s) _____

Was the other party ticketed for any traffic violation? _____ If yes, what was the violation(s) _____

Did you admit fault for accident? _____ Other party _____

Was accident reported to police? _____ If yes, city the station is located _____

Was anything said about responsibility for accident? _____ If yes, What, when and by whom? _____

OTHER THAN DRIVER, LIST ALL OCCUPANTS OF YOUR CAR BELOW:

Name	Age	Address	Phone

OTHER THAN DRIVER, LIST ALL OCCUPANTS OF THE OTHER CAR BELOW:

Name	Age	Address	Phone

OTHER THAN PASSENGERS ALREADY INDICATED, LIST BELOW ALL WITNESSES TO THE ACCIDENT:

Name	Age	Address	Phone

BODILY INJURY: List below ALL persons injured in the accident:

Name	Age	Sex	Address	Phone
Describe Injuries: _____				
Where taken: _____			Doctor: _____	Address: _____
Name _____	Age _____	Sex _____	Address _____	Phone _____
Describe Injuries: _____				
Where taken: _____			Doctor: _____	Address: _____

OTHER INSURANCE: Do you have coverage for Collision, Liability, Hospitalization, or Doctor's Bills? _____ If yes, please list the Companies and coverages. _____

IMPORTANT: Describe in your own words how the accident happened.

Please diagram, names of streets, directions and location of objects concerned, and TRAFFIC SIGNALS and STOP SIGNS. Mark your car "A", other car "B", showing point of impact and where vehicles stopped after collision. Put in any helpful information.

FRAUD WARNING: Any Person who knowingly and with intent to inure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.

I swear that the information contained in the above statement is complete, true and correct under the penalty of perjury.

Signed this _____ day of _____, 20____ City _____ State _____
Signature of Driver _____

USE AN ADDITIONAL SHEET OF PAPER, and attach, IF MORE SPACE is needed for any question.