

## VEHICLE ACCIDENT / INCIDENT REPORT FORM

- Remain calm
- Call your supervisor or the office IMMEDIATELY from the site of the accident.
- Complete this form as soon as possible, at the scene if possible, and turn in to your supervisor.
- Your supervisor will take care of reporting to their insurance center.
- If safe to leave vehicles in traffic, do not move vehicles until told to do so by Police.
- Call police to investigate accident.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time of Accident

\_\_\_\_\_  
Location of Accident

\_\_\_\_\_  
(Street address, City)

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**INSURED'S VEHICLE**

\_\_\_\_\_  
Driver's name

\_\_\_\_\_  
Driver's Address

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Vehicle Make and Model

\_\_\_\_\_  
Vehicle License Number

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**WITNESSES (Over for additional space)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

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**OTHER VEHICLE INFORMATION**

\_\_\_\_\_  
Driver's Name

\_\_\_\_\_  
Driver's Address

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Driver's Date of Birth

\_\_\_\_\_  
Number of People in the Vehicle

\_\_\_\_\_  
Owner of Vehicle

\_\_\_\_\_  
Owner's Address

\_\_\_\_\_  
Vehicle Make

\_\_\_\_\_  
Model                      Year                      Color

\_\_\_\_\_  
Vehicle Serial Number

\_\_\_\_\_  
State of Registration                      Plate #

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Name & Phone Number of Agent

**VEHICLE ACCIDENT / INCIDENT REPORT FORM**

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**ACCIDENT**

\_\_\_\_\_  
Direction your car was traveling

\_\_\_\_\_  
Speed of insured's vehicle

\_\_\_\_\_  
Were your lights on?

\_\_\_\_\_  
Did the other driver signal?

\_\_\_\_\_  
What kind of signal?

\_\_\_\_\_  
Were his/her lights on?

\_\_\_\_\_  
Weather at the time of accident

\_\_\_\_\_  
Condition of the road at time of accident

\_\_\_\_\_  
Was the speed limit posted? What was it?

\_\_\_\_\_  
Were all persons in insured's vehicle wearing seat belts?

\_\_\_\_\_  
Were all persons in other vehicle wearing seat belts?

\_\_\_\_\_  
Did Police make report of accident?

\_\_\_\_\_  
City, State, or County Police

**Insured's description of accident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Report

\_\_\_\_\_  
Signature of Insured's Driver

