

Vehicle Accident Report

Name _____ Age _____
Address _____ City _____ State and Zip _____
Driver's License# _____ State _____ License Plate # _____ State _____

INJURIES - Describe nature of any apparent injuries

Driver Injury _____
Passenger Name _____ Injury _____
Other Driver Name _____ Injury _____
Other Passenger Name _____ Injury _____
Other Name _____ Injury _____
Other Name _____ Injury _____
Other Name _____ Injury _____

POLICE OFFICER ASSISTING

Name _____ Police Report Made? Yes No
Headquarters _____ Badge # _____
Driver Citation(s) Issued Yes No If yes, state reason
Other Driver Citation(s) Issued Yes No If yes, state reason

PROPERTY DAMAGE - Describe nature of damage

Driver Vehicle _____
Other Vehicle _____
Other Driver Name _____ Phone # _____ License # _____
Other Vehicle Owner (if not same as Driver) _____ Phone # _____ Vehicle Make _____
Insurance Company _____ Phone # _____
Other Property Damage _____
Owner _____ Phone # _____

WITNESSES

Name _____ Phone # _____ Name _____ Phone # _____
Address _____ Address _____
Name _____ Phone # _____ Name _____ Phone # _____
Address _____ Address _____

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ACCIDENT INFORMATION

Date _____ Time _____ A.M. Daylight Yours N E S W
 P.M. Dark Direction Other N E S W

Location
 Name of Street or Highway Number _____ Closest Intersection or Landmark _____

City, County, State _____

SPEED Posted Actual
 Yours _____
 Other _____

WEATHER

Clear Raining / Fog Snowing Fog
 Sleetng Dust/Smoke High Wind Other

AREA

Residential Commercial Rural Other

PAVEMENT

Asphalt Concrete Gravel/Dirt Brick/Stone
 Steel Wood Other

CONDITIONS

Dry Wet Slippery Pot Holes
 Other _____

TRAFFIC CONTROL

Stop Sign
 1 Way 2 Way 3 Way
 4 Way Yield RR
 Police/Flag Person
 Uncont. Intersection
 Not an Intersection

SEAT BELT USED Yes No

AIR BAG INFLATED Yes No

ACCIDENT DESCRIPTION

Briefly tell how the accident happened. Indicate movement of involved vehicles when hazard was first noticed, warning or evasive action taken and length and position of any skid marks.

ACCIDENT SKETCH

- Drivers Vehicle
- Other Vehicle
- Other Vehicle
- ← Direction of Travel
- ♣ Pedestrian
- ⊙ Stop Sign
- ▼ Yield
- ⚓ Railroad
- Point of Impact

