

WHAT TO DO

1. Make sure you are in a safe place.
2. Turn on your emergency flashers.
3. If people are injured, call 911.
4. Give reasonable help to injured.
5. Immediately notify your supervisor.
6. Obtain and record all facts on this report
7. Take pictures and video of the scene and vehicles (not people).
8. Do not make a statement of any kind to anyone other than police.

**Safety First then
Gather Information**

AUTO ACCIDENT

Report Form



STATEMENT
Insurance Agency

AUTO ACCIDENT

Report Form



STATEMENT
Insurance Agency

775.345.3444

www.statementinsurance.com

DRIVER INFORMATION

Name: _____

Phone: _____

Address: _____

License #: _____

License State: _____

OTHER DRIVER INFORMATION

Name: _____

Phone: _____

Address: _____

License #: _____

License State: _____

OTHER VEHICLE INFORMATION

License Plate #: _____

Year: _____

Make: _____

Model: _____

Color: _____

Name of Insurance Co: _____

Policy Number: _____

Phone: _____

Describe Damage to Vehicle:

ACCIDENT INFORMATION

Date: _____

Time: _____

Location: _____

How many Passengers: _____

(other than driver): _____

Describe Accident:

Describe Road Conditions (rainy, icy, etc.):

WITNESS 1

Name: _____

Phone: _____

Relation: _____

WITNESS 2

Name: _____

Phone: _____

Relation: _____

POLICE

Department Name: _____

Officer Name: _____

Incident Report #: _____

NOTES

TAKE PHOTOS/VIDEO OF:

- The Scene
- Vehicles
- NOT people