|  |  |  |
| --- | --- | --- |
|  |  VEHICLE ACCIDENT REPORT |  |
| AFTER AN ACCIDENT: **1-Stay Calm****2**-If the vehicles are drivable and it is safe to do so, move them safely out of traffic **3**-Apply first aid if needed **4**-Call police, and if necessary, ambulance **5**-Don’t admit fault **6**-Take pictures **7**-Call Brian D |
| Vehicle Driver Name | Other Vehicle Driver Name |
| Address | Address |
| Phone Driver License # | Phone Driver License # |
| Vehicle Type | Other Vehicle Type |
| Plate # | Plate # |
| VIN# | Owner’s Name |
| DOH SSDOB | Address |
| Vehicle Insurance Policy # | Other Vehicle Insurance Co.  |
|  | Name Policy is Under Policy # |
| PassengerInfo | Passenger Info |  | Passenger Info |
|  |  |  |  |
|  |  |  |  |
| ACCIDENT DETAILS |
| Date of Accident | Explain how the accident happened |
| Time of Accident am pm |  |
| Street |  |
| City |  |
| State |  |
| Approx. Speed- Your MPH Other MPH |  |
| Describe any Injuries |  Describe other vehicle's damage |
|  |  |
|  Describe your vehicle's damage |  |
|  |  |
|  | Please draw the accident below |
| Investigating Officer Name |  |
| Phone  |
| Police Department |
|  Report # |
|  Report Completed By Email Phone |