|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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 SS  DOB | | Address | | |
| Vehicle Insurance Policy # | | Other Vehicle Insurance Co. | | |
|  | | Name Policy is Under  Policy # | | |
| Passenger  Info | 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 | |