

Auto Accident REPORT FORM



Being involved in an accident can be stressful. Knowing what to do if you are in an accident can make you a smarter driver, and help you avoid potentially costly or harmful mistakes. Stay calm, and use this form to record the important details:

Accident Information	
Date:	Time:
Location:	Weather:
Road conditions:	Estimated speed of the vehicle(s):
What Happened	
Describe the accident:	
Describe the damage to your vehicle. (If possible, take a photo.)	
Other Driver's Information	
Name:	
Address:	Home phone:
	Work phone:
	Cell phone:
Driver's licence number:	Licence plate:
Vehicle make and color:	
Registered owner:	
Vehicle identification number:	
Insurance company:	
Policy number:	Expiry date:
Describe the damage to the other vehicle. (If possible, take a photo.)	
Number of passengers:	Name(s):
Position in vehicle:	
Position in vehicle:	
Position in vehicle:	
Position in vehicle:	

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(continued)

Other Driver's Information	
Name:	
Address:	Home phone:
	Work phone:
	Cell phone:
Driver's licence number:	Licence plate:
Vehicle make and color:	
Registered owner:	
Vehicle identification number:	
Insurance company:	
Policy number:	Expiry date:
Describe the damage to the other vehicle. (If possible, take a photo.)	
Number of passengers:	Name(s):
Position in vehicle:	
Position in vehicle:	
Position in vehicle:	
Position in vehicle:	
Witnesses	
Name:	Home phone:
Address:	Work phone:
	Cell phone:
Name:	Home phone:
Address:	Work phone:
	Cell phone:
Name:	Home phone:
Address:	Work phone:
	Cell phone:
Police Officer	
Name:	Division:
Badge number:	Phone:
Tow Truck Information	
Company:	Phone:
Driver's name:	Truck number:
Address towed to:	

Call your insurance company as soon as possible to report the accident. Some drivers may choose not to file a claim and to pay out of pocket for any repair work that needs to be done. Be cautious because there is no guarantee that the driver responsible for the accident will agree to the quote you receive or that they will pay the repair bill when it comes due.