

# Auto Accident Form

## Information from Other Driver(s)

Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Auto tag number and state: \_\_\_\_\_

Year, color, make & model of car: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Damage to vehicle: \_\_\_\_\_

## Passengers & Witnesses

Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Police Information

Were the police called? \_\_\_\_\_

Officer name(s) and badge number(s): \_\_\_\_\_

Ticket(s) issued: \_\_\_\_\_

## Accident Information

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Weather and other special road conditions: \_\_\_\_\_

Name of tow truck service: \_\_\_\_\_

Describe any speeding, reckless driving, alcohol, or drugs involved: \_\_\_\_\_

Did anyone speed or fail to obey a traffic signal or sign? \_\_\_\_\_

## Draw the accident

On the back of this page or in the area below, draw a diagram of the accident. Include location of vehicles, traffic signals, traffic signs, road obstructions, road construction, and the travel paths of the vehicles.