

Auto Accident Report Form

Keep In Your Glove Box

When an accident occurs:

First Steps	Do Not Say	While Still At the Scene
<ul style="list-style-type: none"> • Remain calm • Get to a safe place • Check for injuries • Administer First Aid • Call police/EMT 	<ul style="list-style-type: none"> • It's all my fault, (even if it is). • My insurance will pay for everything. • It's OK, I have full coverage. 	<ul style="list-style-type: none"> • Get as much information as possible on this report. • Take Pictures • When the police come, cooperate and tell them what you know.

Accident Details

Day/Date/Time AM/PM	
Weather/Road Conditions	
Location of Accident	
Accident Details	

Damage Descriptions

Your Vehicle	Other Vehicle
Towing Company Name & Phone	Towing Company Name & Phone

Other Driver/Vehicle Information

Owner's Name:	
Owner's Address:	
Owner's Phone:	
Vehicle Make:	
Vehicle Model & Year:	
Vehicle Color:	
License Plate Number	
Insurance Company:	
Agent Name & Phone:	
Other Drivers Name:	
Other Drivers Address:	
Other Drivers Phone:	

Passengers/Injuries:

Your Vehicle	Other Vehicle
# Passengers:	# Passengers:

Police Information

Officer Name:	
Department:	
Phone:	
Badge Number:	
Other Info:	

Witness Information

Name:		Name:	
Address:		Address:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	

Sketch The Accident Scene:

--

Please print out this document and keep it in the glove box of your auto. Should you be involved in an auto accident, fill in all items requested in this form and call 626-486-1600 Monday to Friday from 9:00 am to 5:00 pm. After hours and weekends please call 626-318-7870.