Accident Information Form

Fill in what you safely can. Be factual. Do not discuss or admit fault.

THE ACCIDENT

Date & time _____

Location _____

Weather / light _____

OTHER DRIVER

Name _____

Phone _____

Address _____

License # _____

Insurer _____

Policy # _____

Plate _____

Make / model / color _____

WITNESSES

Name & phone _____

Name & phone _____

POLICE

Officer name _____

Badge # _____

Report # _____

Department _____

Photos taken

- [ ] All vehicles & positions
- [ ] All license plates
- [ ] Damage close-ups
- [ ] Wider scene & road
- [ ] Any injuries
- [ ] Documents (license, insurance)

WHAT HAPPENED (FACTS ONLY)

Notes

Notes

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Printable resource from theaccidentadvisory.com — general information only. The Accident Advisory is not a law firm and this is not legal advice.