



# 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"> <li>Remain calm</li> <li>Get to a safe place</li> <li>Check for injuries</li> <li>Administer first aid</li> <li>Call police/EMT</li> </ul>	<ul style="list-style-type: none"> <li>"It's all my fault" (even if it is).</li> <li>"My insurance will pay for everything."</li> <li>"It's OK, I have full coverage."</li> </ul>	<ul style="list-style-type: none"> <li>Get as much information as possible on this report</li> <li>Take pictures</li> <li>When the police come, cooperate and tell them what you know</li> </ul>

## Driver Information

Name		Phone	
Address			

## Your Vehicle Information

Vehicle Make/Model		Vehicle Color	
License Plate Number		Vehicle Year	

## 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:**

**Report all accidents immediately to:**

**GADDY**  
LAW FIRM

Phone: (505) 254-9090