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| **TRAFFIC ACCIDENT REPORT FORM** | | | | | | |
| **First Steps** | | **Do Not Say** | | **While Still At The Scene** | | |
| Remain calm | | It’s all my fault (even if it is) | | Take Pictures | | |
| Get to a safe place | | My insurance will pay for everything. | |  Get as much information as possible on this report | | |
| Check for injuries | |
| Call police/EMT | | It’s OK. I have full coverage. | | When the police come, cooperate and tell them what you know. | | |
|  |  |  |  |  | |  |
| Date of Accident: | | | Time: | | | |
| |  | | --- | | Location: | | | | | | | |
| |  | | --- | | Weather Conditions: | | | | | | | |
| Road Conditions: | | | | | Light: | |
|  | | | | |  | |
| **Your Car** | | | | | **Other Car** | |
| License Plate #: | | | | | License Plate #: | |
| Year/Make/Model: | | | | | Year/Make/Model: | |
| VIN: | | | | | VIN: | |
| Driver Name: | | | | | Driver Name: | |
| Passenger Name/Ph: | | | | | Passenger Name/Ph: | |
| Passenger Name/Ph: | | | | | Passenger Name/Ph: | |
| **Driver's Information** | | | | | **Driver's Information** | |
| Name: | | | | | Name: | |
| Phone Number: | | | | | Phone Number: | |
| Driver's License #: | | | | | Driver's License #: | |
| License State: | | | | | License State: | |
| **Insurance Company Information** | | | | | **Insurance Company Information** | |
| Insured Name: | | | | | Insured Name: | |
| Relationship to Driver: | | | | | Relationship to Driver: | |
| Insurance Company: | | | | | Insurance Company: | |
| Policy #: | | | | | Policy #: | |
| Agent/Agency Name: | | | | | Agent/Agency Name: | |
| **Police Report Information** | | | | | | |
| Responding Department: | | | | | | |
| Officer's Name: | | | | | | |
| Badge Number: | | | | | | |
| Police Report Number: | | | | | | |
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| **Description of Accident:** |
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| **Witnesses** |

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| **Name** |  | **Address** |  | **Phone#** |
| **Name** |  | **Address** |  | **Phone#** |
| **Name** |  | **Address** |  | **Phone#** |
| **Name** |  | **Address** |  | **Phone#** |
| **Name** |  | **Address** |  | **Phone#** |
| **Name** |  | **Address** |  | **Phone#** |

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| **Description of Vehicle** **Damage** |

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| **Metro Rides Vehicle** |  | **Damage to other vehicle** |
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| **Vehicle Passengers at time of accident** |

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