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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. |
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| Date of Accident: | Time: |
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| Location: |

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| Weather Conditions: |

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| Road Conditions:  | Light: |
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| **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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| **Diagram 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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