

COLLISION REPORT FORM

Information About You, the Driver

Today's Date _____ Time of Day _____

Name _____

Address _____

Phone # (home) _____ (work) _____

Make of Car _____ Year _____ Model _____ Color _____

Vehicle License Plate # _____ State _____

Your Driver License # _____ State _____

Insurance Company _____ Policy # _____

Location of Collision _____

Description of Collision _____

Officer on the Scene: Yes _____ No _____

Officer Name _____

Badge # _____ Police Report _____ Yes _____ No _____

Other Vehicle

Driver's Name _____

Address _____

Phone # (home) _____ (work) _____

Vehicle License Plate # _____ State _____

Driver License # _____ State _____

Insurance Company _____ Policy # _____

Occupants

Name _____ Phone # _____

Name _____ Phone # _____

Witness

Name _____ Phone # _____

License Plate # _____ State _____

Name _____ Phone # _____

License Plate # _____ State _____

Other details to jot down include:

Road and weather conditions, your speed and other vehicle's speed, diagram of what happened, extent of damage done to the other vehicle and yours, seating arrangement of passengers involved, who was cited and crash report number.