

POST-ACCIDENT REPORT FORM

Keep in your glove box!

WHAT TO DO

If you've been in an accident, stay calm. Make sure you're not injured. Administer first aid if necessary and call emergency services. While waiting, get as much information as you can. Take pictures of the scene and the damage.

WHAT NOT TO DO

Don't say it was your fault, even if it was.

Don't talk to the other driver if you can help it except to check on their injuries or to collect information. Also, never share your Social Security number.

OTHER DRIVER'S INFORMATION

Name: _____

Address: _____

Phone number: _____

Email: _____

Insurance company: _____

Insurance policy #: _____

Driver's license state: _____

Driver's license #: _____

YOUR VEHICLE INFO

Make: _____

Model: _____

Year: _____

Color: _____

VIN: _____

License plate: _____

OTHER DRIVER'S VEHICLE INFO

Make: _____

Model: _____

Year: _____

Color: _____

VIN: _____

License plate: _____

ACCIDENT DETAILS

Date/time of accident: _____

Location of accident/road name:

Accident details: _____

Speed at impact: _____

Wearing seatbelts: ___ Y ___ N

Road surface: _____

Pedestrians present: ___ Y ___ N

CONDITION OF ROADS

Lanes marked: ___ Y ___ N

Concrete: ___ Y ___ N

Blacktop: ___ Y ___ N

Unmarked: ___ Y ___ N

Gravel: ___ Y ___ N

Other: _____

No defects: ___ Y ___ N

Dry: ___ Y ___ N

Wet: ___ Y ___ N

Ice: ___ Y ___ N

Snow: ___ Y ___ N

Mud: ___ Y ___ N

Loose material: ___ Y ___ N

Cracks/holes/potholes: ___ Y ___ N

Under construction: ___ Y ___ N

Other: _____

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TRAFFIC CONTROLS

Traffic light: Y N
Stop sign: Y N
Yield sign: Y N
Police officer: Y N
RR crossing/gate: Y N
No traffic control: Y N

Posted speed limit: Y N
MPH: _____

PEDESTRIANS

Crossing street at intersection: Y N
Between intersections: Y N
With signal: Y N
Against signal: Y N
No signal: Y N
On crosswalk: Y N
On sidewalk: Y N
No sidewalk: Y N
With traffic: Y N
Against traffic: Y N
Other: _____

TYPE OF ACCIDENT

Collision with other vehicle: Y N
Collision with multiple vehicles: Y N
Collision with fixed object: Y N
Collision with road debris: Y N
Collision with pedestrian: Y N
Collision with bicyclist: Y N
Vehicle fire: Y N
Vehicle rollover (overturned car): Y N
Other: _____

WEATHER CONDITIONS (Circle all that apply)

Clear Snow Sleet Fog

Rain Daylight Sunny Dawn

Sunset Windy Night

Other (specify): _____

DAMAGE DESCRIPTIONS

Vehicle 1 (your vehicle)

Vehicle 2

Vehicle 3

	Vehicle 1 (your vehicle)	Vehicle 2	Vehicle 3
Point of Impact			
Front			
Rear			
Right Front			
Left Front			
Right Rear			
Left Rear			
Right Side			
Left Side			
Roof			
Front Bumper			
Back Bumper			

Other: _____

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VEHICLE MOVEMENT

Vehicle 1 (your vehicle)

Vehicle 2

Vehicle 3

	Vehicle 1 (your vehicle)	Vehicle 2	Vehicle 3
Straight			
Turning Right			
Turning Left			
Slowing or Stopping			
Stopped in Traffic			
Starting in Traffic			
Starting from Curb/Shoulder			
Parked			
Backing Up			
U-Turn			
Skidding			
Overtaking			
Weaving			
Wrong Side			
Crowded Off Road			
Evasive Action			

Other: _____

INJURY/DAMAGE INFORMATION

of people injured in your car: _____

of people injured outside of your car: _____

Was your vehicle visibly damaged? ___ Y ___ N

Was another vehicle visibly damaged? ___ Y ___ N

RESPONDING POLICE INFORMATION

Name: _____

Badge number: _____

Unit information: _____

Phone: _____

WITNESS INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

DESCRIBE ACCIDENT IN OWN WORDS

SKETCH THE ACCIDENT SCENE: