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**Auto Accident Report Card-Keep In Your Glove Box**

**Accident Details**

|  |  |
| --- | --- |
| Day/Date/Time AM/PM: |  |
| Weather/Road Conditions: |  |
| Location of Accident (cross streets): |  |
| Accident Details: |  |

**Vehicle #2 (for every vehicle involved)- Take a photo of their License, Registration, and Insurance Card!**

|  |  |  |  |
| --- | --- | --- | --- |
| Driver’s Name: |  | Vehicle Color |  |
| Driver’s Home Address: |  | Vehicle Make |  |
| Driver’s Phone Number: |  | Vehicle Year and Model |  |
| Vehicle VIN Number (take picture): |  | Insurance Company/ Policy Number |  |
| Driver License Number: |  | Insurance Agent |  |
| License Plate Number |  | Insurance Phone # |  |

**Passengers/Injuries**

|  |  |
| --- | --- |
| Your Vehicle # of Passengers: | Other Vehicle # of Passengers: |
| Name: | Name: |
| Phone #: | Phone #: |
| Injuries: | Injuries: |

**Police Information**

|  |  |
| --- | --- |
| Officer’s Name: |  |
| Phone #: |  |
| Badge #: |  |
| Precinct or Dept Name: |  |

**Witness Information**

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address: |
| Phone #: | Phone #: |
| Did they take Pictures? | Did they take Pictures? |

**Take photos of the scene and each vehicle’s damage and document if there is any public property damage (sign, post, guard rails, etc.)**

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**Sketch where and how this accident occurred. Note cross streets and direction you and the other vehicle(s) were traveling. Document anything else that occurred that you noted during the accident (distracted driving, driver appeared intoxicated, etc.)**