

VEHICLE ACCIDENT REPORT FORM

Location of Accident: _____ Time of Accident: _____

Date of Accident: _____ Weather Conditions: _____

Driver Information (Vehicle 1):

Full Name: _____

Address: _____

Phone Number: _____

Driver's License Number: _____

Insurance Company: _____

Policy Number: _____

Vehicle Information (Vehicle 1):

Make/Model: _____

Year: _____ Color: _____

License Plate Number: _____

Driver Information (Vehicle 2):

Full Name: _____

Address: _____

Phone Number: _____

Driver's License Number: _____

Insurance Company: _____

Policy Number: _____

Vehicle Information (Vehicle 2):

Make/Model: _____

Year: _____ Color: _____

License Plate Number: _____

Accident Details:

Describe how the accident occurred:

Damage Description (Vehicle 1):

Damage Description (Vehicle 2):

Witness Information:

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Police Report:

Officer Name: _____ Badge Number: _____
Police Department: _____

Additional Remarks:

Signatures and Acknowledgments:

By signing below, the undersigned declare that the information provided in this Vehicle Accident Report Form is true, complete, and accurate to the best of their knowledge. The parties acknowledge that this report shall be used for insurance and legal purposes under United States law.

Driver 1 Signature

Driver 2 Signature

Date: _____

Date: _____

Signature: _____

Signature: _____

Original source of this document:

<https://form247-us.com/vehicle-accident-report-form/>

Did you find this template helpful?

Find more updated templates at:

<https://form247-us.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.
It is recommended to consult a legal professional for each specific case.