



# ACCIDENT REPORT FORM

Fill this in as soon after the accident as you can to help you make your report.

Time \_\_\_\_\_ Date \_\_\_\_\_

Weather \_\_\_\_\_ Light \_\_\_\_\_  
(dawn, dusk, dark, day)

Name (other driver) \_\_\_\_\_

Address \_\_\_\_\_

Telephone (daytime) \_\_\_\_\_ Telephone (evening) \_\_\_\_\_

Vehicle owner's name (if not the driver) \_\_\_\_\_

Vehicle owner's address \_\_\_\_\_

Driver's Licence # \_\_\_\_\_

Vehicle (year and make) \_\_\_\_\_

Vehicle (body type: sedan, hatchback, etc.) \_\_\_\_\_

Licence plate # (Province/State) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Policy # \_\_\_\_\_

The Accident - What happened? Describe damage to vehicles and property

\_\_\_\_\_  
\_\_\_\_\_

What injuries did parties receive? \_\_\_\_\_

\_\_\_\_\_



Use arrows to indicate direction of vehicles that collide