

# Vehicle Accident Report Form

This **vehicle accident report form sample** provides a clear and concise template to document essential details following a traffic incident. It helps ensure accurate recording of information such as the parties involved, the accident location, and the circumstances leading up to the collision. Using this form aids in effective communication with insurance companies and law enforcement.

## Accident Details

|                       |  |
|-----------------------|--|
| Date of Accident:     | <input type="text"/>                             |
| Time of Accident:     | <input type="text"/>                             |
| Accident Location:    | <input type="text" value="Street, City, State"/> |
| Police Notified?      | <input type="text" value="Select"/>              |
| Police Report Number: | <input type="text"/>                             |

## Party 1 (Your Information)

|                     |                      |
|---------------------|----------------------|
| Name:               | <input type="text"/> |
| Address:            | <input type="text"/> |
| Phone Number:       | <input type="text"/> |
| Driver's License #: | <input type="text"/> |
| Vehicle Make/Model: | <input type="text"/> |
| License Plate #:    | <input type="text"/> |
| Insurance Company:  | <input type="text"/> |

## Party 2 (Other Party)

|                     |                      |
|---------------------|----------------------|
| Name:               | <input type="text"/> |
| Address:            | <input type="text"/> |
| Phone Number:       | <input type="text"/> |
| Driver's License #: | <input type="text"/> |
| Vehicle Make/Model: | <input type="text"/> |
| License Plate #:    | <input type="text"/> |
| Insurance Company:  | <input type="text"/> |

## Accident Description

Please describe what happened:

## Witness Information (if any)

|                      |                      |
|----------------------|----------------------|
| Name:                | <input type="text"/> |
| Contact Information: | <input type="text"/> |

## Damage Description

|                          |                      |
|--------------------------|----------------------|
| Damage to Your Vehicle:  | <input type="text"/> |
| Damage to Other Vehicle: | <input type="text"/> |
|                          |                      |
| Your Signature:          | <input type="text"/> |
| Date:                    | <input type="text"/> |

Submit Report

*Note: Please attach photos of the accident scene and vehicle damages, if available.*