

VEHICLE ACCIDENT REPORT

Name of Driver _____ Phone # _____

Driver's License # & State _____ License Plate # _____

Insurance Company _____ Policy # _____

Date of Accident _____ Time of Accident _____

Location Accident Occurred _____

Give detailed description of accident and any events that contributed to it. _____

Name, Department, and Phone # of Police Officer that responded to accident

2nd Driver's Name _____ Phone # _____

Address _____ DL # & State _____

Vehicle License plate # _____ Make and year of vehicle _____

Insurance Company _____ Policy # _____

Witness Statements - Have any witnesses, including passengers, give a detailed statement. Use the back of this form. If necessary attach other documentation to this form.

THINGS TO REMEMBER IN CASE OF ACCIDENT

- ❖ Try and remain calm. Do not engage in "blame" discussions with other drivers or witnesses.
- ❖ Always call the police. It is important to get a police report. Do not leave scene of accident.
- ❖ If in doubt, always call for an ambulance if someone is injured
- ❖ Get all information from other drivers including; name, phone number, insurance company and policy number.
- ❖ Get statements from witnesses including passengers and 3rd parties (if possible)
- ❖ Report accident to the Assistant Director – Club Sports as soon as possible.
- ❖ Complete this form and return it with witness statements to the Club Sports Office.

Witness #1 Statement: _____

Witness #2 Statement: _____

Witness #3 Statement: _____
