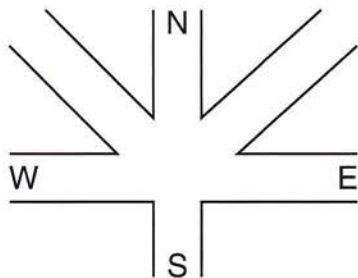


# Accident Report Form



Indicate position of each vehicle at the accident scene.

## YOUR VEHICLE

Your Insurance Company \_\_\_\_\_  
Your Policy Number \_\_\_\_\_  
Your Agent \_\_\_\_\_  
Agent's Phone Number (\_\_\_\_) \_\_\_\_\_  
Date/Time of Accident \_\_\_\_\_  
Location of Accident \_\_\_\_\_

## OTHER VEHICLE

Other Driver's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_  
Year/Make/Model of Vehicle \_\_\_\_\_  
License Plate Number \_\_\_\_\_  
Driver's License Number/State \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Agent \_\_\_\_\_

## WITNESSES

Witness #1 name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_  
Witness #2 Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_



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# ACCIDENT

## REPORT FORM

### General Information

Date of Accident \_\_\_\_\_ Hour \_\_\_\_\_ AM/PM  
Accident Location \_\_\_\_\_  
Police at Scene?  Yes  No Police Dept. \_\_\_\_\_

### Other Vehicle

Driver's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell/Work # \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_

### Registered Vehicle Owner Info (if different than driver)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell/Work # \_\_\_\_\_

### Insurance Information

Insurance Provider \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Agent \_\_\_\_\_ Phone# \_\_\_\_\_

### Vehicle Information

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
License Plate # \_\_\_\_\_ State \_\_\_\_\_  
Damage \_\_\_\_\_

### Witnesses (if any)

#1 Name \_\_\_\_\_ Phone \_\_\_\_\_  
#2 Name \_\_\_\_\_ Phone \_\_\_\_\_

Use this diagram to make notes of accident

