

# Vehicle Accident Reporting Kit

## Insured Information

Company Name  
Driver Name  
Driver Signature  
License Number  
Phone Number

## Insured Vehicle

Make/Model  
License Plate  
Damage (type, location, extent)

## Witnesses

Name  
Address  
Vehicle Number

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Name  
Address  
Vehicle Number

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Name  
Address  
Vehicle Number

## Second Party

Driver Name  
Address  
City/State  
Phone Number  
Insurance Co.  
Owner  
Address  
City/State  
Phone Number

## Second Vehicle

Make/Model  
License Plate  
License State  
Color  
Damage (type, location, extent)

## Passengers

Name  
Address  
Vehicle Number

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Name  
Address  
Vehicle Number

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Name  
Address  
Vehicle Number



## Description of Incident

Original Speed

Speed at Impact

What happened? Describe road, weather & traffic conditions; list any hazardous material spillage, etc

## Diagram of Incident

Overwrite dotted lines to indicate road at site; show vehicles, pedestrians, etc. using the symbols below



Your Vehicle



Traffic Signal



Pedestrian



Traffic Sign

Indicate Type



Other Vehicle

Number Successively

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