



# Vehicle Accident Report

## 800-388-2556

Date: \_\_\_\_\_  
Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

Truck #: \_\_\_\_\_  
Tag #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

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### Accident information

Accident date: \_\_\_\_\_  
Location: \_\_\_\_\_  
Did police investigate? YES NO  
Fully describe how accident occurred: \_\_\_\_\_

Time: \_\_\_\_\_  
City: \_\_\_\_\_  
Agency: \_\_\_\_\_

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Were there any injuries? YES NO  
Nature of injury: \_\_\_\_\_

Injured name: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Driver name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

License #: \_\_\_\_\_  
State issued: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

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### Other vehicle information

Driver name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

License #: \_\_\_\_\_  
State issued: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Year: \_\_\_\_\_  
Tag #: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

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### Witness information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone #: \_\_\_\_\_  
City, State: \_\_\_\_\_