

**REPORT OF MOTOR VEHICLE ACCIDENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Accident: |  | Time of Accident: | AM/PM  | Day of the Week: |  |
| Number of Injured: |  | Number of Killed: |  | Number of Vehicles: |  |

Any police investigation at the scene?

☐ No ☐ Yes If yes, name the Police Agency or Precinct & Accident Number

**REPORTING PARTY INFORMATION**

**Driver of Vehicle Report**

|  |  |
| --- | --- |
| Driver’s Name (exactly as printed on license): |  |
| Address (include Number and Street): |  |
| License State: |  | City: |  |
| State: |  | ZIP Code: |  |
| Telephone Number: |  | Driver License ID Number: |  |
| Date of Birth: |  | Sex: |  |
| On Private Property: | ☐ Yes ☐ No |
| Driving for Employer: | ☐ Yes ☐ No |
| Number of people in the vehicle: |  |
| Vehicle (Year and Make): |  | Vehicle License Plate or ID Number: |  |

**Vehicle Owner Information (If the driver and owner of the vehicle are the same, please print “Same as Above.”)**

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Address (include Number and Street): |  |
| State: |  | City: |  |
| ZIP Code: |  | Telephone Number: |  |
| Insurance Company Name at the Time of the Accident: |  |
| Company NAIC Number: |  |
| Policy Period: |  |
| Policy Holder Name: |  |
| Estimated Cost of Property Damage:☐ $1,001-$1,500 ☐ $1,501-$2,500 ☐ Over $2,500 ☐ Describe the Damage to Vehicle: |

**OTHER PARTY INFORMATION**

**Driver of Vehicle Report**

☐ Vehicle ☐ Pedestrian ☐ Bicyclist ☐ Other

|  |  |
| --- | --- |
| Driver’s Name (exactly as printed on license): |  |
| Address (include Number and Street): |  |
| License State: |  | City: |  |
| State: |  | ZIP Code: |  |
| Telephone Number: |  | Driver License ID Number: |  |
| Date of Birth: |  | Sex: |  |
| On Private Property: | ☐ Yes ☐ No |
| Driving for Employer: | ☐ Yes ☐ No |
| Number of people in the vehicle: |  |
| Vehicle (Year and Make): |  | Vehicle License Plate or ID Number: |  |

**Vehicle Owner Report (If the driver and owner of the vehicle are the same, please print “Same as Above.”)**

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Address (include Number and Street): |  |
| State: |  | City: |  |
| ZIP Code: |  | Telephone Number: |  |
| Insurance Company Name at the Time of the Accident: |  |
| Company NAIC Number: |  |
| Policy Period: |  |
| Policy Holder Name: |  |
| Estimated Cost of Property Damage:☐ $1,001-$1,500 ☐ $1,501-$2,500 ☐ Over $2,500 ☐ Describe the Damage to Vehicle: |
| Describe the Damage to Vehicle: |  |

**Place Where the Accident Occurred:**

Country:

☐ City  ☐ Village  ☐ Town of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Permanent Landmark:

Route Number or Street Name:

Describe the Accident:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Persons Involved** | **Type (e.g. vehicle or pedestrian)** | **Age** | **Describe Injuries** | **Date of Death, if Deceased** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I certify under penalty of perjury under the laws of [Insert State] that the foregoing is true and correct.

|  |  |  |
| --- | --- | --- |
| Date: | Printed Name: | Signature: |

\* A representative may sign for the driver if the driver is unable to sign due to injury or death. If you are signing as a representative, check the box the describes why the driver is not able to sign.

☐ Injury

☐ Death

By completing this report, you are authorizing the Department of Motor Vehicles to release your name, mailing address, and insurance information to the other parties involved in the traffic crash and to their insurer.