



Auto Accident Form

- | <u>Do</u> | <u>Do Not</u> | <u>While At Scene</u> |
|------------------------------|--------------------------------------|------------------------------|
| Take a breath | Admit fault or apologize | Take a lot of pictures |
| Put vehicle in park | Offer advice | Cooperate with police |
| Turn on hazard lights | Discuss accident | Listen, look and take notes |
| Check for injuries | Discuss previous accidents | Get information |
| Call 911 and report accident | Tell anyone it will be okay | |
| Call supervisor | Say you are sorry (even if at fault) | |

Housing Authority: _____

Driver name: _____

Make: _____ **Model:** _____ **Year:** _____

License Plate: _____ **Last 4 of VIN:** _____

Accident Information:

Date/time: _____

Weather/road/conditions: _____

Location of accident: _____

Cross streets or landmarks: _____

Description of accident: _____

Other Driver/Vehicle Information:

Owner's name: _____

Address: _____

Phone (cell): _____ (home): _____

Vehicle make: _____ Model: _____

Vehicle Year: _____ Vehicle color: _____

License plate _____ Other: _____

Insurance company: _____ Phone: _____

Insurance policy number: _____

Damage to Vehicles

Housing Authority Vehicle: _____

Is vehicle operable: yes no

Other Vehicle: _____

Is other vehicle operable: yes no

Passengers:

Housing Authority vehicle: _____ Injured: yes no

Other vehicle: _____ Injured: yes no

Witnesses / Other Drivers:

Witness #1 name: _____

Address: _____

Phone (cell): _____ (home): _____

Witness #2 name: _____

Address: _____

Phone (cell): _____ (home): _____

Officer Information:

Officer name: _____

Badge number: _____ City / County / State Patrol: _____

Tickets or citations issued: yes no Report # _____

Has a motor vehicle accident report been filed? If so, please attach a copy.

Other significant information: _____

Signature

Date

Printed Name

Title / Tech #