Auto Accident Form

**Do**
- Take a breath
- Put vehicle in park
- Turn on hazard lights
- Check for injuries
- Call 911 and report accident
- Call supervisor

**Do Not**
- Admit fault or apologize
- Offer advice
- Discuss accident
- Discuss previous accidents
- Tell anyone it will be okay
- Say you are sorry (even if at fault)

**While At Scene**
- Take a lot of pictures
- Cooperate with police
- Listen, look and take notes
- Get information

**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 #