

# VEHICLE INCIDENT REPORT FORM

## INDIVIDUAL FILING REPORT

Role: ☐ Driver ☐ Pedestrian ☐ Bicyclist ☐ Other: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License or Other ID No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Vehicle Owner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Vehicle Owner Address: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ Estimated Repair Cost: \$ \_\_\_\_\_

### Insurance Information:

Insurance Company Name: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Period: \_\_\_\_\_ to \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OTHER PARTY

*(Attach Additional Sheets As Needed)*

Role: ☐ Driver ☐ Pedestrian ☐ Bicyclist ☐ Other: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License or Other ID No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Vehicle Owner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Vehicle Owner Address: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ Estimated Repair Cost: \$ \_\_\_\_\_

### Insurance Information:

Insurance Company Name: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Period: \_\_\_\_\_ to \_\_\_\_\_

### INCIDENT DETAILS

Date of Incident: \_\_\_\_\_

Time: \_\_\_\_\_ ☐ AM ☐ PM

Location: \_\_\_\_\_

Describe the Incident:

### INJURIES / DEATH / DAMAGE

Did the incident result in injury or death? ☐ Yes ☐ No

If yes, describe:

Describe damage to vehicles and/or other property:

### POLICE / MEDICAL SERVICES

Police Notified? ☐ Yes ☐ No

If yes, was a report filed? ☐ Yes ☐ No

Was medical treatment provided? ☐ Yes ☐ No ☐ Refused

If yes, where was medical treatment provided?

☐ On site ☐ Hospital ☐ Other: \_\_\_\_\_

### OFFICE USE ONLY

Report received by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Follow-up action taken: