

SCSU – Vehicle Accident Report Form

What To Do

- Move to a safe area and ask someone to call the police and medical help.
 - (Call 9-1-1 for any life threatening injuries.)
- Do not admit fault or say you're "ok", even though this might be the polite thing to do. Do not give statements to the other driver or insurer.
- Remain calm and polite as possible.
- Photograph visible injuries and property damage.
- Obtain and complete the information below.
- Contact SCSU Sport Club faculty.

Name of SCSU Driver: _____

Driver's License No: _____ Sport Club: _____

Date: _____ Time: _____ AM/PM

City: _____ State: _____

Police Officer: _____

Police Report #: _____

Weather Conditions: _____

Road Conditions: _____

What were you doing before the accident? _____

How did you feel after the accident? _____

Did anything in the car get thrown about? If so, what? _____

Did any of the vehicles leave skid marks? If so, take photos. _____

Did any of the cars get pushed? If so, how many car lengths? _____

Did any citations get issued? If so, what, and to whom? _____

Did anybody's body hit the inside or your vehicle during the collision? If so, what happened? _____

Other Vehicle 1

License Plate # _____ State _____
Driver's Name _____ Age _____
Owner's Name _____

Insurance Company _____
Policy # _____
Policy Expiration Date _____
Driver's Street Address _____
Driver's City _____ State _____ Zip _____
Car registration/VIN# _____
Driver's Phone 1 _____
Driver's Phone 2 _____
Damage to vehicle _____

Other Vehicle 2

License Plate # _____ State _____
Driver's Name _____ Age _____
Owner's Name _____

Insurance Company _____
Policy # _____
Policy Expiration Date _____
Driver's Street Address _____
Driver's City _____ State _____ Zip _____
Car registration/VIN# _____
Driver's Phone 1 _____
Driver's Phone 2 _____
Damage to vehicle _____

Other Vehicle 3

License Plate # _____ State _____
Driver's Name _____ Age _____
Owner's Name _____

Insurance Company _____
Policy # _____
Policy Expiration Date _____
Driver's Street Address _____
Driver's City _____ State _____ Zip _____
Car registration/VIN# _____
Driver's Phone 1 _____
Driver's Phone 2 _____
Damage to vehicle _____

Witness 1

Name _____
Address _____
City _____ State _____ Zip _____
Car registration/VIN# _____
Phone 1 _____
Phone 2 _____
Comments _____

Passenger 1

Name _____
Address _____
City _____ State _____ Zip _____
Car registration/VIN# _____
Phone 1 _____
Phone 2 _____
Comments _____

Passenger 2

Name _____
Address _____
City _____ State _____ Zip _____
Car registration/VIN# _____
Phone 1 _____
Phone 2 _____
Comments _____

Draw a diagram of the accident

1. Write down the street name and cross street.
2. Draw an arrow to indicate the direction of each car involved in the accident.
3. Write down directions such as North, South, East, West.
4. Draw any traffic signs or signals and any street markings such as turn arrows, which are relevant to the accident.

Draw a diagram of the cars where they were damaged:

Describe the sequence of events during the accident:

Vehicle	Estimated Speed	Speed Limit	Make	Model