

CAR ACCIDENT POLICE REPORT FORM

This form is for reporting car-related accidents. Complete it at the scene or immediately after the accident.

Date Filed: _____, 20____

VEHICLE(S) INFORMATION

- Vehicle Make and Model: _____
- Vehicle Year: _____
- License Plate Number: _____
- Vehicle Identification Number (VIN): _____

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- License Plate Number: _____
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DRIVER(S) INFORMATION

- Driver's Full Name: _____
 - Address: _____
 - Driver's License Number: _____
 - Phone Number: _____
 - Email Address: _____

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 - Address: _____
 - Driver's License Number: _____
 - Phone Number: _____
 - Email Address: _____

ACCIDENT DETAILS

- Date of Incident: _____, 20____
- Time of Incident: _____ AM PM
- Location of Accident: _____
- Provide a detailed account of the incident, including the direction of travel, speed, and actions leading up to the accident:

INJURIES AND DAMAGES

- **Were there any injuries?** Yes No
 - **If yes, list injuries and who was injured:**

- **Description of Damage to Vehicle(s):**

WITNESS INFORMATION

- **Were there witnesses?** Yes No
- **If yes, provide names and contact details:**

POLICE OFFICER INFORMATION

- **Responding Officer Name:** _____
- **Badge Number:** _____
- **Police Department:** _____

EMERGENCY RESPONSE

- **Was any medical assistance provided?** Yes No Declined
- **Location of medical treatment (if applicable):**

PERSON FILING REPORT

- **Full Name:** _____
- **Signature:** _____
- **Date:** _____, 20____

INTERNAL USE ONLY

- **Report Received By:** _____
- **Date Received:** _____, 20____
- **Actions Taken Following Incident:**
