MARQUEE INSURANCE GROUP

DRIVER RESOURCE

AUTO ACCIDENT REPORT FORM

WHEN AN ACCIDENT OCCURS

NEVER ADMIT FAULT OR SAY "SORRY"

STAY CALM · STICK TO THE FACTS · LET THE PROCESS WORK

FIRST STEPS WHILE ON SCENE

1. Remain calm
2. Pull over to a safe place
3. Secure the scene
4. Check for injuries
5. Call the police
6. **Call Safety**
7. Gather as much info as possible on this report

TAKE PICTURES OF

- ☐ Your vehicle
- ☐ The other party's vehicle(s)
- ☐ Scene conditions — skid marks
- ☐ Anything else you think might be helpful

ACCIDENT DETAILS

DAY / DATE / TIME (AM/PM)

WEATHER / ROAD CONDITIONS

LOCATION OF ACCIDENT

DAMAGE DESCRIPTIONS

YOUR VEHICLE

OTHER VEHICLE(S)

OTHER DRIVER / VEHICLE INFORMATION

OTHER PARTY'S NAME

OTHER PARTY'S PHONE NUMBER

VEHICLE MAKE, MODEL & YEAR

INSURANCE POLICY & CONTACT

OTHER NOTES

REMINDER: All Auto Liability claims must be reported directly to the provider — regardless of fault or severity.

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PASSENGERS / INJURIES

YOUR VEHICLE

NUMBER OF PASSENGERS:

OTHER VEHICLE(S)

NUMBER OF PASSENGERS:

POLICE INFORMATION

OFFICER'S NAME & BADGE

DEPARTMENT

POLICE REPORT NUMBER

WITNESS INFORMATION

NAME	PHONE NUMBER
NAME	PHONE NUMBER
NAME	PHONE NUMBER

STATEMENT

SKETCH SCENE OF ACCIDENT

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