

VEHICLE/INCIDENT DAMAGE REPORT

Driver's name: _____ Other Party name: _____

Driver's License no.: _____ Other Party License no.: _____

Is this a Vehicle [Y] [N] _____ or Property Damage [Y] [N] _____

The Accident

Date: _____ Time: _____

Location of Accident (Complete Address): City/Street/ Route/State

Weather conditions: _____ Condition of roadway: _____

Any Dashboard Cameras? [Y] [N]: _____ which Vehicle? _____

Any GPS/Tracking Devices? [Y] [N]: _____ which Vehicle? _____

Did Airbag Deploy? [Y] [N]: _____ which Vehicle? _____

Was Security/Police contacted [Y] [N] _____ Was a Report Created [Y] [N] _____

Police Department: _____ Police Officer Name: _____

Badge No: _____

Name of who provided you the Report _____ If no to any of the questions state why:

Were pictures taken [Y] [N] (Who did you text the pictures to) _____

Violation/Citations [Y] [N]: _____ Name the citation recipient: _____

Atlas Truck # & Plate #: _____ What is the other Driver Truck/Vehicle Year: _____

Other Driver Truck/Vehicle Make: _____ Other Driver Truck/ Vehicle Body Type: _____

Were pictures of the License plate taken [Y] [N] Pictures of the other party license [Y] [N]

Vin # _____ Plate Number _____

DESCRIBE HOW THE ACCIDENT OCCURRED

DRAW A DIAGRAM

Show names of Highways, points of Compass (N.E.S.W) and direction of vehicles involved.

DESCRIBE DAMAGE TO OTHER VEHICLE OR PROPERTY

Witnesses or passengers:

Name(s)

Address(es)

Phone

Signature of Driver/Assistant

Date Report Completed