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ACCIDENT REPORT FORM

This accident report form is a useful tool to assist you in the event you have an accident, loss, you are injured, your vehicle is disabled or you need a rental car.

Please place a copy of this form in each of your vehicles as a reference tool to help you remember information necessary in processing your claim.

In the event of an accident there are several things to remember:

- Move to a safe location if you or your car is creating a safety hazard or if you're concerned with your safety.
- **Do not leave the scene of the accident** until you have exchanged contact information with all other parties involved.
- Call the police and follow their instructions.
 - o Call 911 if there are any injuries.
 - o In minor accidents, the police may instruct you to exchange information and then contact your insurance company.
- Do not discuss who is at fault with other parties.

Date of Accident: ______ Time of Accident:

Street/Location: _____ City and State:

- **Do not disclose your policy details**. You should only share your driver's license number, your insurance company's name and phone number, and your insurance policy number.
- Collect as much information as you can about the other drivers using the form below.

LOSS INFORMATION

Police Department:	Report #:
OTHER VEHICLES AND PARTIES	
Name of Driver:	Name of Driver:
Address:	Address:
City and State:	
Drivers License #: State:	
Insurance Company:	Insurance Company:
Policy #:	
Vehicle License #:	Vehicle License #:
Year of Vehicle: Make:	
Model:	Model:
Passengers (y/n): Injuries (y/n):	_ Passengers (y/n): Injuries (y/n):
Passenger Names:	
Witnesses	Witnesses