



# Auto Accident Form

## Do

- Take a breath
- Put vehicle in park
- Turn on hazard lights
- Check for injuries
- Call 911 and report accident
- Call supervisor

## Do Not

- Admit fault or apologize
- Offer advice
- Discuss accident
- Discuss previous accidents
- Tell anyone it will be okay
- Say you are sorry (even if at fault)

## While At Scene

- Take a lot of pictures
- Cooperate with police
- Listen, look and take notes
- Get information

**Housing Authority:** \_\_\_\_\_

**Driver name:** \_\_\_\_\_

**License Plate:** \_\_\_\_\_ **Last 4 of VIN:** \_\_\_\_\_

## **Accident Information:**

Date/time: \_\_\_\_\_

Weather/road/conditions: \_\_\_\_\_

Location of accident: \_\_\_\_\_

Cross streets or landmarks: \_\_\_\_\_

Description of accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Other Driver/Vehicle Information:**

Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ (home): \_\_\_\_\_

Vehicle make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Vehicle color: \_\_\_\_\_

License plate \_\_\_\_\_ Other: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance policy number: \_\_\_\_\_

**Damage to Vehicles**

Housing Authority Vehicle: \_\_\_\_\_

Is vehicle operable:                      yes    no

Other Vehicle: \_\_\_\_\_

Is other vehicle operable:                      yes    no

**Passengers:**

Housing Authority vehicle: \_\_\_\_\_ Injured:    yes    no

Other vehicle: \_\_\_\_\_ Injured:    yes    no

**Witnesses / Other Drivers:**

Witness #1 name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ (home): \_\_\_\_\_

Witness #2 name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ (home): \_\_\_\_\_

**Officer Information:**

Officer name: \_\_\_\_\_

Badge number: \_\_\_\_\_ City / County / State Patrol: \_\_\_\_\_

Tickets or citations issued: yes    no                      Report # \_\_\_\_\_

Has a motor vehicle accident report been filed? If so, please attach a copy.

Other significant information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title / Tech #