

# Auto Accident Report Form

Keep this Important Form in Your Glove Box



Call us immediately for your FREE estimate  
**J&L Collision & Auto Glass, Inc.**  
 tel 586-777-4835 • fax 586-777-5750  
 25825 Gratiot Avenue, Roseville, MI 48066

## When an accident occurs:

First Steps	Do Not Say	While Still At the Scene
<ul style="list-style-type: none"> <li>• Remain calm</li> <li>• Get to a safe place</li> <li>• Check for injuries</li> <li>• Administer First Aid</li> <li>• Call police/EMT</li> </ul>	<ul style="list-style-type: none"> <li>• It's all my fault, (even if it is).</li> <li>• My insurance will pay for everything.</li> <li>• It's OK, I have full coverage.</li> </ul>	<ul style="list-style-type: none"> <li>• Get as much information as possible on this report.</li> <li>• Take Pictures</li> <li>• When the police come, cooperate and tell them what you know.</li> </ul>

## Accident Details

Day/Date/Time AM/PM	
Weather/Road Conditions	
Location of Accident	
Accident Details	

## Damage Descriptions

Your Vehicle	Other Vehicle
Towing Company Name & Phone	Towing Company Name & Phone

## Other Driver/Vehicle Information

Owner's Name:	
Owner's Address:	
Owner's Phone:	
Vehicle Make:	
Vehicle Model & Year:	
Vehicle Color:	
License Plate Number	
Insurance Company:	
Agent Name & Phone:	
Other Drivers Name:	
Other Drivers Address:	
Other Drivers Phone:	

**Passengers/Injuries:**

Your Vehicle	Other Vehicle
No. of Passengers	No. of Passengers

**Police Information**

Officer Name:	
Department:	
Phone:	
Badge Number:	
Other Info:	

**Witness Information**

Name:		Name:	
Address:		Address:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	

**Sketch The Accident Scene:**