Auto Accident Report Form

Send completed form to:
Office of Risk Management
Email: orm@drexel.edu

When an accident occurs:

First Steps	Do Not Say	While Still At the Scene
• Remain calm • Get to a safe place • Check for injuries • Administer First Aid • Call police/EMT	• It's all my fault, (even if it is). • My insurance will pay for everything. • It's OK, I have full coverage.	• Get as much information as possible on this report. • Take Pictures • When the police come, cooperate and tell them what you know.

Driver Information

Name		Phone	
Home Address			
Supervisor Name			
Your Department			

Your Vehicle Information

Vehicle Make/Model		Vehicle Color	
License Plate Number		Vehicle Year	

Accident Details – Please complete all fields

Day		Date		Time – please include AM or 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
# Passengers:	# 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:

