

Vehicle Accident Fact Sheet

Vehicle Number

Total Repair Cost:

Date:

Time:

Location:

**Investigating Police
Department:**

Officer's Name:

Police Report Number:

Insurance Agency:

Insurance Agent:

Policy Number:

Insurance Claim Number:

**Driver License State &
Number:**

Driver's Name:

Driver Fault:

Vehicle Damage:

Injuries:

Yes

Yes

Yes

No

No

No

Road / Weather Condition:

Other Involved Vehicles(s) Information:

Notes: