

Auto Accident Report

Date of accident: _____ Time of accident: _____

Describe weather outside at that time: _____

Location of accident (street/city/state): _____

Police involved (city/county/state): _____

Describe what happened: _____

Do you have a photo of the damages? Yes No

Your vehicle year/make/model: _____

Your vehicle damages: _____

Other vehicle year/make/model: _____

Other vehicle damages: _____

Other vehicle driver involved (name/address/phone number): _____

Was anyone injured? Yes No

If yes, injured name/address/phone number: _____

Was there a witness? Yes No

If yes, witness name/address/phone number: _____

Employee Name (please print): _____

Employee Signature: _____ Date: _____

If needed, you may use the back of this sheet to provide additional information.



SENTINEL
RISK ADVISORS

SAFEGUARDING YOUR SUCCESS