



**MACKIN'S  
AUTO BODY**

## ACCIDENT REPORT FORM

### General Information

Date of Accident \_\_\_\_\_ Hour \_\_\_\_\_ AM/PM

Accident Location \_\_\_\_\_

Police at Scene? Yes \_\_\_\_\_ No \_\_\_\_\_ Police Dept. \_\_\_\_\_

### Other Vehicle

Driver's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell/Work# \_\_\_\_\_

Driver's License# \_\_\_\_\_ State \_\_\_\_\_

### Registered Vehicle Owner Info (if different than driver)

Vehicle Owners Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell/Work# \_\_\_\_\_

### Insurance Information

Insurance Provider \_\_\_\_\_

Policy Number \_\_\_\_\_

Agent Name \_\_\_\_\_ Phone# \_\_\_\_\_

### Vehicle Information

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

License Plate# \_\_\_\_\_ State \_\_\_\_\_

Damage State \_\_\_\_\_

### Witnesses (if any)

#1 Name \_\_\_\_\_ Phone# \_\_\_\_\_

#2 Name \_\_\_\_\_ Phone# \_\_\_\_\_

Notes of Accident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use This Diagram

