

State Vehicle Accident Report

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|--|------------------------|
| Date: | Time: |
| Location of Accident | |
| County: | City: |
| Location of Accident (Street, Route, etc.): | |
| State Vehicle | |
| Agency Name: | |
| Agency Address: | |
| Driver's Name: | Driver's License #: |
| Home Address: | Office Phone: |
| Year/Make of Vehicle: | License Plate #: |
| Where is the vehicle located now: | |
| Name of Towing Company: | |
| Phone # of Towing Company | Towing Charges: |
| Other Vehicle | |
| Year/Make of Vehicle: | State/License Plate #: |
| Driver's Name: | Driver's License #: |
| Address: | |
| Insurance Company: | |
| Policy # | |
| Accident Information | |
| Did the police investigate this accident? (Yes/No) | |
| Which police department: | |
| Was anyone charged with a violation? (Yes/No) | |
| Who and what was the charge: | |
| Was anyone injured? (Yes/No) | |
| Who? | |
| What was the nature of the injury: | |
| Did you take photos of the damage(s)? (Yes/No) | |
| Attach copies of the photos | |

