

Collision report form

A. Other vehicle owner

Name		Driver's licence number
Address		Phone number
Insurance company		Policy number
Vehicle licence plate number	Vehicle year, make, model	VIN

B. Other driver (if different from vehicle owner)

Name	Driver's licence number
Address	Phone number

C. Witnesses

1. Name	Phone number
Address	
2. Name	Phone number
Address	

D. Collision information

Location	
Date	Time
Vehicle towed by whom	Phone number
Vehicle towed where	Phone number

Note: Photos of the scene and vehicle positions, signage and/or location of any traffic controls governing the intersection are helpful for your adjuster.