



Rockville: One Church Street, Ste 500, Rockville, MD 20850 [\[Map\]](#) 301.838.9400 **(p)** 301.838.9095 **(f)**
Fairfax: 10201 Fairfax Boulevard, Ste 500, Fairfax, VA 22030 [\[Map\]](#) 703.352.7333 **(p)** 703.352.7340 **(f)**
Laurel: 7901 Sandy Spring Road, Ste 102, Laurel, MD 20707 [\[Map\]](#) 301.369.9155 **(p)** 301.369.9453 **(f)**
Towson: 305 W. Chesapeake Avenue, Ste 204, Towson, MD 21204 [\[Map\]](#) 410.825.7360 **(p)** 410.825.8076 **(f)**

Web Site: <http://www.insassoc.com> **E-mail:** office@insassoc.com **Social Media:** [LinkedIn](#) | [Twitter](#) | [Facebook](#)

AUTOMOBILE ACCIDENT REPORT FORM

Named insured (company name):

Incident form completed by (signature or name):

Today's date:

Contact name:

Contact phone # (if different from office phone # ie: cellular):

Date & time of incident/accident:

Street, city & state where incident/accident occurred:

Description of incident/accident:

[INSURED'S VEHICLE INFORMATION](#)

Vehicle year/make/last 4 digits of VIN:

Reportable damage to insured's vehicle?: Yes No

If so, describe damage:

Insured's vehicle drivable?: Yes No

If not, where towed?:

Did driver have permission to drive insured's vehicle?: Yes No

Insured driver's name:

Date of birth:

Drivers license #:

Insured driver's alternate (cell) phone number:

[OTHER PARTIES INFORMATION](#)

Owner's name:

Address:

Home phone:

Cell phone:

Work Phone:

Driver's name (if different from owner):

Address (if different from owner):

Home phone:

Cell phone:

Work phone:

Is property damage to other vehicle?: Yes No

Year/Make/Model:

Vehicle license tag #/State licensed:

Description/extent of damage to vehicle:

Vehicle drivable?: Yes No

If not, where towed?:

If property damaged is not to a vehicle, describe property & extent of damage:

Insurance carrier name:

Phone #:

Policy #:

[INJURIES AND/OR POLICE REPORT INFORMATION \(if applicable\)](#)

Injured name:

Age: Extent of injury:

Driver: Passenger: Ins Veh: Other Veh: Pedestrian:

Injured name:

Age: Extent of injury:

Driver: Passenger: Ins Veh: Other Veh: Pedestrian:

Police dept name/Phone #/Officer name/Report or case # (if any):

MISCELLANEOUS INFORMATION

Witness name:

Phone #:

Driver: Passenger: Ins Veh: Other Veh: Pedestrian:

Witness name:

Phone #:

Driver: Passenger: Ins Veh: Other Veh: Pedestrian:

(If multi-vehicle accident, please list other vehicles information in Notes space below. Also, please describe any other additional and pertinent information in reference to incident/accident that may be useful to the company claims adjuster.)

ADDITIONAL NOTES/DIAGRAMS