

ACCIDENT REPORT FORM

Keep this form in your glovebox in the event of an accident.



Your Legal Guardian

www.HickmanLawOffice.com

703.748.3001

**Licensed in Virginia, Maryland
and DC**

Specializing in:

Car Accidents | Personal Injury

Immigration | Criminal



Hickman Law Office will work to maximize compensation from vehicle damages, injuries, lost wages, present and future medical bills, and pain and suffering.

IF YOU HAVE AN ACCIDENT DO:

1. Call 911 immediately if damage or injuries are involved and request medical assistance and an officer to file a report.
2. Obtain the other driver's license number, insurance information from their Insurance Verification card and a description of the vehicle from their registration card.
3. Take pictures of damaged portions of all vehicles, the licensed plate and driver's license of the other driver, as well as the scene of the accident.
4. Complete this Accident Report Form and forward it to [Hickman Law Office](#) for further instruction.
5. Immediately contact [Hickman Law Office](#) at **703-748-3001** after the accident before speaking with the insurance companies.

DO NOT:

1. Admit any responsibility or make any statements about the accident to anyone.

Date and Time: _____ Location: (include city, state & street names)

_____ Road Conditions: _____

Weather Conditions: _____ Your Speed: _____

If police were called, obtain the following: Police Officer Name, Badge #, & Precinct:

_____ Police Report #: _____

Any citations issued? List here: _____

Was Anyone Injured? List who (driver, pedestrian, etc.), name, address, phone#, & nature of injuries:

Name, Address & Phone# of Any Witnesses:



Vehicle #1:

Driver's Name: _____

Driver's License #: _____

Driver's Address & Phone #:

Owner's Contact Information: (if different than driver's)

_____ Insurance Company: _____

Policy #: _____ Expires _____ Vehicle Make, Model & Year: _____

License Plate #: _____ State: _____

Carefully examine the vehicle & describe any damage:

Name & Position of Passengers: (ex. driver's side rear)

Vehicle #2:

Driver's Name: _____

Driver's License #: _____

Driver's Address & Phone #:

Owner's Contact Information: (if different than driver's)

_____ Insurance Company: _____

Policy #: _____ Expires _____ Vehicle Make, Model & Year: _____

License Plate #: _____ State: _____

Carefully examine the vehicle & describe any damage:

Name & Position of Passengers: (ex. driver's side rear)



What Happened? (Describe the accident in detail)

Sketch the accident in the space below:

- Show vehicles and roads in the sketch
- Using arrows, indicate the direction vehicles were traveling
- Number vehicles: Yours #1, Other(s) #2,3, etc.