

Auto Collision Report

Date of Report: **[Insert Date]**

Report Number: **[Insert Report Number]**

Incident Details

Date of Incident: **[Insert Incident Date]**

Time of Incident: **[Insert Incident Time]**

Location of Incident: **[Insert Location]**

Involved Parties

Party 1

Name: **[Insert Name]**

Address: **[Insert Address]**

Phone Number: **[Insert Phone Number]**

Insurance Company: **[Insert Insurance Company]**

Policy Number: **[Insert Policy Number]**

Party 2

Name: **[Insert Name]**

Address: **[Insert Address]**

Phone Number: **[Insert Phone Number]**

Insurance Company: **[Insert Insurance Company]**

Policy Number: **[Insert Policy Number]**

Collision Description

[Describe the events leading up to, during, and after the collision]

Damage Assessment

Vehicle 1 Damage: **[Describe Damage]**

Vehicle 2 Damage: **[Describe Damage]**

Witness Information

Name: **[Insert Name]**

Contact Number: **[Insert Phone Number]**

Signature

Reported by: **[Insert Reporter's Name]**

Signature: _____

Thank you for your cooperation.