When involved in an accident, it can be an overwhelming experience. Keep calm and take the following steps. Keep this accident report in your glove compartment as a guide.

1. **Call 911** and report the accident. Do not leave until police arrive.
2. **Help the injured** with basic first aid until further help arrives.
3. **Secure the scene** by directing others to safety and warning other drivers.
4. **Record the facts** completely and accurately. Keep these items in your glove compartment or trunk to aid with this process: disposable camera, note pad/pen, and this accident report.
5. **Do not comment or make** any statements as to fault or responsibility only give the information required by authorities. Do not sign any statements.
6. **Contact your insurance agent** to report the claim.

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**Vehicle Accident Glove Box Report**

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**Auto Accident Report Form**

**Provided By:**

**Associates of Glens Falls Inc.**

228 Glen Street  P.O.Box 190

Glens Falls, NY 12801

Tel: 518-793-3444

[www.aogf.com](http://www.aogf.com)

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**Auto Accident Record**

Keep this in your auto glove box to help you remain organized and focused on what to do in the event of an auto accident.

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Let's get started:

Accident Details:

Date: ____________ Time ______ am pm
Where: _________________________________________
Responding Police Agency: ____________________________
Describe the Accident: _______________________________
What were the weather conditions? _____________

Let's obtain your information:

Vehicle you were driving: Year _____ Make ___________
Model _______________________ License Plate# ________

VIN# (last four) ____________ Color _______________
# of Passengers ______________________
Your Vehicle – Registered Owner: ___________________
Damage: _________________________________________
Towed from scene? Location? _______________________

Other Vehicle – show damages

Other Vehicle:

Year ____________ Make _______________________
Model: __________________ Color: _______________
License Plate #: ___________ # of Passengers: ______
Damage: ____________________________
Registered Owner: _____________________________
Address: ______________________________________
Phone: _________________________________________

Witness # 1:

Name: __________________________________________
Address: _______________________________________
Phone: _________________________________________

Witness # 2:

Name: __________________________________________
Address: _______________________________________
Phone: _________________________________________

Who do we contact about this accident?

Daytime Phone: ____________________________

Anyone injured? Who? _________________________

Is there anything further you want to add to this report?

________________________________________________

Policy Number: __________________________________
Driver’s License Number: __________________________
Date of Birth: _________________________________

Other Vehicle – show damages

Other Vehicle:

Year ________________ Make _______________________
Model: __________________ Color: _______________
License Plate #: ___________ # of Passengers: ______
Damage: _________________________________________
Registered Owner: _____________________________
Address: ______________________________________
Phone: _________________________________________
Driver: _________________________________________
Other Insurance Co: _____________________________