# ACCIDENT REPORT

**PLEASE READ INSTRUCTIONS CAREFULLY!! THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO AVOID FILLING OUT A SUPPLEMENTAL REPORT.**

1. Answer all questions to the best of your knowledge. If unable to answer any questions write “not known”.
2. Print all names and addresses.
3. Sign the report in the space provided on the reverse side.
4. Report must be complete as to the exact names, birth dates, and driver’s license numbers.
5. Use a second report form or a sheet of plain paper of the same size to report additional vehicles, injured persons, witnesses or any other information for which there is insufficient space.

## DATE
**OF ACCIDENT:** ______________________  **PLACE WHERE ACCIDENT OCCURRED (CITY/COUNTY):** ______________________

## YOUR VEHICLE #1:

Year: ________  Make: _______________  Type: __________________ (Sedan, Truck, Taxi, Bus, etc.)

Driver Name: __________________________  Driver’s License #: __________________  Driver’s Birth Date ________

Address: __________________________________________  City: __________________  Zip: ______________

Owner: _______________________________________  Owner’s License #: _______________  Owner’s Birth Date: ________

Address: __________________________________________  City: __________________  Zip: ______________

## VEHICLE #2:

Year: ________  Make: _______________  Type: __________________ (Sedan, Truck, Taxi, Bus, etc.)

Driver Name: __________________________  Driver’s License #: __________________  Driver’s Birth Date: ________

Address: __________________________________________  City: __________________  Zip: ______________

Owner: _______________________________________  Owner’s License #: _______________  Owner’s Birth Date: ________

Address: __________________________________________  City: __________________  Zip: ______________

## VEHICLE #3:

Year: ________  Make: _______________  Type: __________________ (Sedan, Truck, Taxi, Bus, etc.)

Driver Name: __________________________  Driver’s License #: __________________  Driver’s Birth Date: ________

Address: __________________________________________  City: __________________  Zip: ______________

Owner: _______________________________________  Owner’s License #: _______________  Owner’s Birth Date: ________

Address: __________________________________________  City: __________________  Zip: ______________

DDS-190 (rev 01/16)
COMPLETE BOTH SIDES OF THIS FORM

DAMAGE TO PROPERTY OTHER THAN VEHICLE: __________________________________________________________

NAME OF OBJECT: ___________________________ NATURE OF DAMAGE: __________________________________

APPROX. REPAIR COST: $__________________

NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY: _____________________________________________
________________________________________________________

DESCRIBE WHAT HAPPENED. REFER TO VEHICLES BY NUMBER. IF MORE SPACE IS REQUIRED, USE
ANOTHER REPORT OR A SHEET OF PLAIN PAPER OF THE SAME SIZE.

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