

**DIOCESE OF BOISE**  
**VEHICLE ACCIDENT REPORT**



Driver: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ License #: \_\_\_\_\_

Vehicle: \_\_\_\_\_  
                    Year                    Make                    Model

Vehicle Identification Number: \_\_\_\_\_

**ACCIDENT INFORMATION:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Street Location: \_\_\_\_\_

Description: (Use Back if Necessary) \_\_\_\_\_

**OTHER VEHICLE:**

Year/Make/Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Owner's Name and Address: \_\_\_\_\_

Driver's Name and Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

Description of Damage: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Phone #: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**INJURIES:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Extent of Injuries: (Use Back if Necessary) \_\_\_\_\_

**WITNESS/PASSENGERS: (Use Back if Necessary)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER PROPERTY DAMAGE:**

Owner's

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Extent of Damage: (Use Back if Necessary) \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date: \_\_\_\_\_