



2961 Hwy 32 #71 Chico, Ca 95973
(530) 895-5555
highwaymotorschico.com

AUTO ACCIDENT REPORT FORM

Date of Accident:	Time of Accident:	Location of Accident:
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Description of Accident: (use reverse side if necessary):

Other Party's Information

Driver's Name:	Drivers License Number/State:		
Address:	Date of Birth:	Home Phone:	
		Work:	
		Cell:	
Vehicle Year/Make:	License Plate or VIN and State:		
Vehicle Owner:	Vehicle Owner Address (if different from above):		
Insurance Company:	Policy Number:		

Witnesses or Passengers

Name:	Address/Phone:

Use Area Below for Illustrations or other notes

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