Vehicle Accident History Log

# Vehicle Information

Vehicle Make & Model:

Registration Number:

Year:

VIN (Vehicle Identification Number):

# Driver Information

Driver Name:

Driver License Number:

# Accident History Log

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Time | Location | Description of Accident | Damage Details | Involved Parties & Vehicles | Police Report Number | Insurance Claim Number | Notes |
| YYYY-MM-DD | HH:MM | e.g., Main St. and 2nd Ave. | e.g., Rear-ended at traffic light | e.g., Rear bumper dent | e.g., Vehicle 2, Driver B | Police Report ###### | Claim ###### | Any additional notes |
| YYYY-MM-DD | HH:MM | e.g., Main St. and 2nd Ave. | e.g., Rear-ended at traffic light | e.g., Rear bumper dent | e.g., Vehicle 2, Driver B | Police Report ###### | Claim ###### | Any additional notes |