STATE OF DELAWARE
INSURANCE COVERAGE OFFICE
500 W. Loockerman Street
Suite 300
Dover, DE 19904

Phone: (302) 739-3651
http://inscov.delaware.gov

Toll Free: (877) 277-4185

Fax: (302) 739-5345
Email: inscov@state.de.us

Automobile Accident Report

INSURED	State Agency ☐ If Other
	Address Phone #
	City State Zip
TIME & PLACE OF ACCIDENT	Date Time ◯ AM ◯ PM
	Location
	City State
STATE OWNED VEHICLE (# 1)	Make & Model Year VIN # Tag No.
	Driver Empl Id.
	Address Home Phone No.
	City State Zip
	Age Years Licensed Employed By
	For what purpose was vehicle being used?
	Owner ☐
DAMAGE TO STATE OWNED VEHICLE (# 1)	Describe Damage
	Est. cost of repairs $ Where vehicle may be seen
OTHER VEHICLE (# 2)	Make & Model Tag No. Year
	Owner's Name Phone #
	Owner's Address
	City State Zip
	Driver's Name Phone #
	Driver's Address
	City State Zip
	Insurance Carrier Policy #
DAMAGE TO OTHER VEHICLE (# 2)	Describe Damage
	Est. cost of repairs $ Where vehicle may be seen
OTHER PROPERTY DAMAGE	Describe Damage
	Owner Address
	Est. cost of repairs $ Where damaged property may be seen
YOUR PASSENGERS	NAME AGE ADDRESS
	1
	2
	3
	4
WITNESSES (not involved in accident)	NAME AGE ADDRESS
	1
	2
	3
	4
INJURED PERSONS	NAME AGE ADDRESS
	1
	2
	3
	4
EXTENT OF INJURIES	
	1
	2
	3
	4

ACCIDENT FACTS	Direction of Your Vehicle	on	◯ Street	◯ Highway
	Rate of Speed MPH	What side of street?		
	Direction of Other Vehicle	on	◯ Street	◯ Highway
	Rate of Speed MPH	What side of street?		
	Width of street	Nature and condition of pavement		
	Weather			
	Was there a police investigation?	Complaint #		
	Which Dept	If Other		
STATEMENT OF DRIVER				
Driver's Name		Home Address		
Driver's Signature				
Date of this Report				
Supervisor Name		Phone #		
Contact Person		Phone #		
Completed By		Phone #		
VEHICLE OTHER (# 3)	Make & Model	Tag No.	Year	
	Owner's Name	Phone #		
	Owner's Address			
	City	State	Zip	
	Driver's Name	Phone #		
	Driver's Address			
	City	State	Zip	
DAMAGE TO OTHER VEHICLE (# 3)	Insurance Carrier	Policy #		
	Describe Damage			
	Est. cost of repairs $	Where vehicle may be seen		
OTHER VEHICLE (# 4)	Make & Model	Tag No.	Year	
	Owner's Name	Phone #		
	Owner's Address			
	City	State	Zip	
	Driver's Name	Phone #		
	Driver's Address			
	City	State	Zip	
DAMAGE TO OTHER VEHICLE (# 4)	Insurance Carrier	Policy #		
	Describe Damage			
	Est. cost of repairs $	Where vehicle may be seen		

Submit by Email