

# Hit and run information checklist

Time and location of accident: \_\_\_\_\_

Date: \_\_\_\_\_

Information to collect:	Notes:	Collected?
Other vehicle's license plate state and number		<input type="checkbox"/>
Other vehicle's color		<input type="checkbox"/>
Other vehicle's make		<input type="checkbox"/>
Description of other driver		<input type="checkbox"/>
Direction vehicle fled in		<input type="checkbox"/>
Description and cause of accident		<input type="checkbox"/>
Photo evidence of vehicle damage		<input type="checkbox"/>
Photos of the accident scene		<input type="checkbox"/>
Description of damage to the other vehicle		<input type="checkbox"/>
Police report number		<input type="checkbox"/>
Eyewitness account and contact information		<input type="checkbox"/>
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<b>Additional notes</b>		