

Accident Information Form

The Other Driver and His or Her Car:

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Vehicle Registration / Year / License Number _____

Make/model of car _____ Year _____

Does driver appear to have been drinking? _____

Any statement made by other driver as to cause of accident:

Passengers in Other Car:

Name _____

Address _____

Name _____

Address _____

All Possible Witnesses to Any Fact:

Name _____

Address _____

Name _____

Address _____

Conditions Noted Immediately after the Accident:

Position of your car after accident _____

Position of other car after accident _____

Location of any tire marks, blood, broken glass, dirt, etc. on road or side of road

Location of point of impact in relation to center of road or some physical object

Did your car skid? _____ It so, how many feet? _____

Did other car skid? _____ If so, how many feet? _____

Road Conditions

Traffic conditions _____

Weather conditions _____

Traffic controls (traffic lights, stop signs, etc) _____

Place of impact on other car _____

Name/address of wrecker that removed other car _____

Other conditions that affected accident _____

The following should be filled out at the scene or shortly after leaving the scene.

Date of accident _____ Time _____

Location of accident _____

Type of road (grade, curve, etc.) _____

Speed of your car just before accident _____

Speed of other car just before accident _____

Direction of your car _____

Direction of other car _____

Were you turning? _____

Was other driver turning? _____ Did the other driver signal properly (with arm, horn, lights, etc.)? _____

If at night, were other vehicle's lights on? _____

How far away from you was the other car when you first saw it? _____

Other pertinent facts _____