

Accident Information Form

Name _____

Street address _____

City _____ State _____ Zip _____

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? _____ If so, how many feet? _____

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

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 _____

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