

Accident Information Form - Print a copy of this and store it in your glove box. Accidents happen without warning.

THE OTHER DRIVER AND CAR

Name of other driver _____
Street address _____
City _____ State _____
Vehicle registration (car license) number _____
Make and type of car _____ Year _____
Number of driver's license of other driver _____
Has other driver apparently been drinking? _____
Any verbal statement made by other driver as to cause of accident:

NAMES AND ADDRESSES OF PASSENGERS IN OTHER CAR

Name _____
Address _____
Name _____
Address _____
Name _____
Address _____

NAME AND ADDRESSES OF ALL POSSIBLE WITNESSES TO ANY FACT

Name _____
Address _____
Name _____
Address _____
Name _____
Address _____

SPECIAL CONDITIONS TO NOTE IMMEDIATELY FOLLOWING 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? _____
Road conditions _____
Traffic conditions _____
Weather conditions _____
Traffic controls (traffic lights, stop signs, etc.) _____
Place and extent of impact on other car _____
Name and address of any wrecker that removes other car _____
Other conditions that might have bearing on accident _____

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 or other driver turning? _____
Did other driver signal properly (with arm, horn, lights, etc.)? _____
If at night, were his lights turned on? _____
How far were you from the other car when you first saw it? _____
Please write any other pertinent note on the back.