Car Accident Information Form

Describe How Your Accident Happened

Diagram How Your Accident Happened

(Use a number to identify the vehicles involved. Yours is 1 and others are 2, 3, 4 . . . Show direction of travel with arrows)
Photographs to Take

Take pictures of . . .

☒ Overall scene - from different angles; from close up and far away

☒ Damage to other vehicle(s)

☒ Damage to your vehicle

☒ "Things" or Objects involved (such as debris on highway, skidmarks)

Your Vehicle

Owner

Make, model & year

Color

License No.

Your car was struck . . .

☒ In the rear

☒ In the right rear

☒ In the left rear

☒ On the driver's side

☒ On the passenger's side

☒ In the front

☒ In the left front

☒ In the right front

☒ Other (explain)
Where damaged
Describe the damage

**Other Driver**

Name
Address
Telephone
Work Telephone
Driver's License No.
Insurance Company
Policy Number
Agent name and telephone

Statement

☐ If more than 1 other driver, mark here and write the information on the back.

**Other Vehicle(s)**

Owner
Address
Telephone
Work Telephone
Make, model & year
Color
License No.
Where damaged
Describe the damage
If more than 1 other vehicle, mark here and write the information on the back.

**Witnesses**

Name
Address
Telephone
Work Telephone
Location (passenger, other driver, pedestrian)
Statement

If additional witnesses, mark here and write information on the back.

**Accident Facts**

Date
Time
Location
Weather was . . .

- Clear
- Cloudy
- Raining
- Snow
- Fog
- Windy
Visibility was ...
- Daylight
- Dawn
- Dusk
- Dark

Road conditions (any defects)

Road surface was . . .
- Dry
- Wet
- Snow
- Ice
- Mud

In the area of the crash, the road was . . .
- Straight
- Curved

In the area of the crash, the road grade was . . .
- Level
- Uphill
- Downhill

Traffic conditions were . . .
- Heavy
- Medium
- Light
- Other
You were ...

- The driver
- Front seat passenger
- Rear seat passenger
- Pedestrian

Check the things involved in your accident and explain

- Stopped vehicle
- Turning vehicle
- Traffic signs
- Traffic signal
- Alcohol
- Excessive speed
- Turn signals
- Turning vehicle
- Headlights
- Stoplights
- Skid marks
- Debris on road (what and where - make a picture)
- Pedestrians
- Parked car
- Cyclist
- Guardrail or light pole
- Fence or embankment
- Fixed object (wall, building, etc)
- Rollover
- Fire
- Intersection
- Ramp

**Damage to Property Other than Vehicles**

*(such as parked car, mailbox, fence, light pole, etc.)*

What property
Owner
Address
Telephone
Nature of damage

**Your Injuries**

At the time of the collision . . .

Were you wearing a seatbelt? ❑ Yes ❑ No

Your airbag deployed and hit you. ❑ Yes ❑ No

You hit your head on the . . .

❑ Headrest
❑ Steering wheel
❑ Windshield
❑ Visor
Roof

Side window

Knocked unconscious  Yes  No  Not sure

Describe where you have . . .

Pain

Numbness

Tingling

Burning

Stiffness

Bruises

Bumps

Scrapes

Injuries to Others

Name

Address

Telephone

Work Telephone

Type of injury

If more than 1 other injured person, mark here and write the information on the back.

Police Information

Officer's name

Badge number
Law enforcement agency
Telephone
Report No.
Ticket issued
To whom

**Ambulance Information**

Agency
Telephone
Report No.

**Towing Information**

Company
Address
Telephone
Where vehicle taken

**Storage Facility Information**

Company
Address
Telephone