

## **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