



7 Obtain witness information.

Witness name: _____

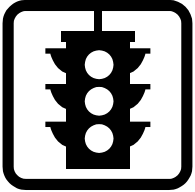
Address: _____

Tel.: _____

Witness name: _____

Address: _____

Tel.: _____



8 Describe the accident scene and location.

List the roads and direction of travel for each of the vehicles involved. Draw a simple accident diagram in the area provided labeling the vehicles appropriately.

Road your vehicle was on: _____

Direction of travel: _____

Road that other vehicle #1 was on: _____

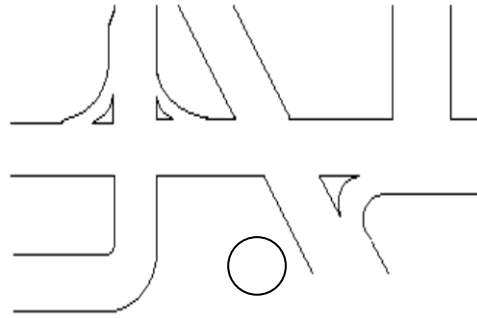
Direction of travel: _____

Road that other vehicle #2 was on: _____

Direction of travel: _____

Describe any traffic controls or road markings that apply to this road or intersection:

Use the area below to draw a small accident scene diagram, using the part of the diagram that most resembles the



Indicate North

Describe road and/ or weather conditions at the time of the accident.

What happened? _____



9 Report the accident.

Vehicle Accident Report

If you are involved in a vehicle accident, following these important steps, and gathering as much information as possible may assist your insurance carrier in handling the claim fairly and quickly.



1 Give aid to injured persons.

Do not move an injured individual unless absolutely necessary.

Date of Accident: _____



2 Call the Police.

Give exact location of the accident and advise them if medical help is needed. Write down the name and badge number of the assisting officer as well as the department that they are from.

Name: _____ Badge # _____

Location: _____

Summons issued? _____ To whom? _____

What hospital or Doctor were the injured taken to?

Hospital: _____

Doctor: _____



3 Record information about your vehicle.

Driver: _____

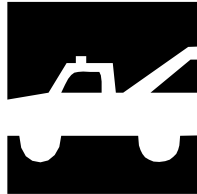
Address: _____ Tel: _____

Vehicle: _____

License #: _____ Truck #: _____

Damage descr.: _____

Was vehicle towed? Y/N To where? _____



4 Obtain information about the other vehicle(s).

Vehicle 1

Driver: _____

Address: _____ Tel.: _____

Veh. owner: _____

Vehicle desc. _____

Damage desc. _____

Vehicle 2

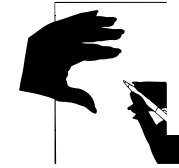
Driver: _____

Address: _____ Tel: _____

Veh. owner: _____

Vehicle desc. _____

Damage desc. _____



5 Record information about all injured parties.

Injured: _____

Type of injury: _____

Transported by ambulance? Y/N

To where? _____

In which vehicle were they riding? _____

Injured: _____

Type of injury: _____

Transported by ambulance? Y/N

To where? _____

In which vehicle were they riding? _____

(Use additional sheet if there are more than two injured parties)



6 Record information regarding other damaged property.

Property: _____

Property location: _____

Property owner: _____

Address: _____

Tel.: _____

Nature of damage: _____