

ACCIDENT INFORMATION

Date _____ Time _____ A.M. Daylight
 P.M. Dark

DIRECTION:

	N	E	S	W	Other
Yours	1	2	3	4	_____
Other	1	2	3	4	_____

LOCATION:

Name of Street or Highway Number _____ (Closest Intersection or Landmark) _____

City, Town, County _____ (State) _____

SPEED:

	Posted	Actual when danger noticed
Yours	_____	_____
Other	_____	_____

WEATHER:

Clear Raining Snowing Fog
 Sleeting Dust/Smoke/Fog High Wind Other _____

AREA:

Residential Commercial Rural Other _____

PAVEMENT

Asphalt Concrete Gravel/Dirt Brick/Stone
 Steel Wood Other _____

CONDITION

Dry Wet Slippery Pot Holes
 Other _____

TRAFFIC CONTROL:

Stop sign:

<input type="checkbox"/> 1 Way	<input type="checkbox"/> 2 Way
<input type="checkbox"/> 3 Way	<input type="checkbox"/> 4 Way
<input type="checkbox"/> Yield	<input type="checkbox"/> Semaphore
<input type="checkbox"/> Police/Flag Person	<input type="checkbox"/> Railroad
<input type="checkbox"/> Uncont. Intersection	<input type="checkbox"/> Not an Intersec.

SEAT BELT:

Used Not Used

AIR BAG INFLATED:

Yes No

ACCIDENT DESCRIPTION

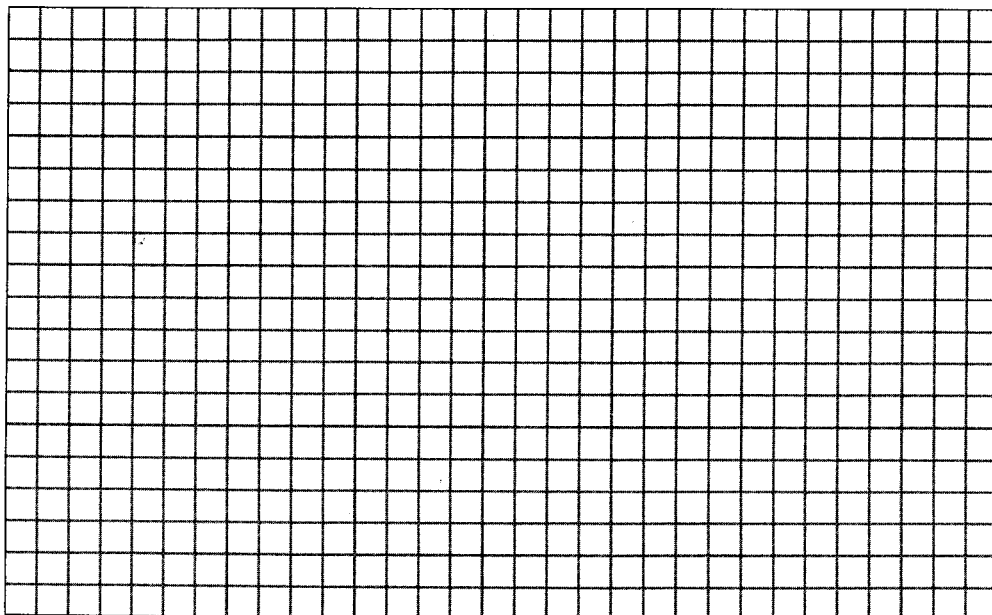
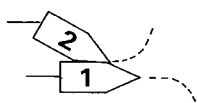
Briefly tell how the accident happened. Indicate movement of involved vehicles when hazard was first noticed, warning or evasive action taken and length and position of any skid marks.

ACCIDENT SKETCH

Draw an accident sketch. Show and label roadway, indicate number of lanes, direction of travel and signs. Number each vehicle and show direction of travel from point hazard was noticed to point of impact by a solid line and any travel after impact by a dotted line.

SYMBOLS:

- Your Vehicle 1
- Other Vehicle: 2
- 3
- Pedestrian
- Stop Sign
- Semaphore
- Yield
- Railroad
- Point of Impact



Indicate direction _____

At what distance did you notice danger?

_____ feet

INJURIES — Describe nature of any apparent injuries:

Driver:
Injury _____
Passenger:
Name _____
Address _____
Injury _____
Other Driver:
Name _____
Address _____
Injury _____

Other Passenger, Pedestrian:
Name _____
Address _____
Injury _____
Name _____
Address _____
Injury _____
Where taken after accident _____

POLICE OFFICER ASSISTING

Name _____
Headquarters _____ Badge No. _____

Police report made? Yes No
Citations issued: _____

PROPERTY DAMAGE — Describe nature of damage:

Your Vehicle _____

Property other than Vehicles _____

Owner _____ Phone () _____

Other Vehicle _____

Owner _____ Phone () _____
Driver _____ Phone () _____
Vehicle Make _____ License No. _____
Insurance Company _____

WITNESSES

Name _____ Phone () _____
Address _____
Name _____ Phone () _____
Address _____

Name _____ Phone () _____
Address _____
Name _____ Phone () _____
Address _____

INSURANCE IDENTIFICATION

Policy Number _____
Insured's Name _____
Emergency Phone No. () _____
Your Agent: _____

My Name _____ Age _____
Driver's License _____ State _____
Employee No. _____
My Vehicle _____ (Year) _____ (Make) _____

(Unit No.) _____ (License No.) _____ (State) _____
 Company Owned Owner Operator
Home Base _____
Job Title _____
 Business Use Personal Use

**"ON THE SPOT"
ACCIDENT REPORT**