

ACCIDENT DATA SHEET

GENERAL INFORMATION

DATE OF ACCIDENT _____ CITY, STATE _____
/ /

CROSS STREETS, INTERSECTION, HIGHWAY or FREEWAY _____

POLICE AT SCENE? Y / N WHICH DEPARTMENT: CITY / COUNTY / HIGHWAY PATROL _____

CASE NUMBER ISSUED: _____ CITATIONS ISSUED? Y / N _____

CITATION ISSUED TO: _____

USE OF DRUGS, ALCOHOL OR PRESCRIPTION MEDICATION DETECTED? Y / N _____

IF SO WHO? _____

WEATHER CONDITIONS: _____

DRIVING CONDITIONS: LIGHT _____ MEDIUM _____ HEAVY _____

NIGHTTIME OR DAYTIME DRIVING: _____

GENERAL WITNESSES? _____

NAME, PHONE, ADDRESS AND LOCATION? _____

AMBULANCE RESPONDED: Y / N _____

NOTES: _____

CONVERSATIONS BETWEEN PARTIES: Y / N _____

DEBRIS LEFT IN ROADWAY: Y / N _____

BY WHAT VEHICLE/S: _____

V-1 DATA (YOUR PERSONAL INFORMATION)

VEHICLE MAKE, MODEL AND YEAR: _____

COLOR OF VEHICLE: _____

LICENSE PLATE NUMBER: _____

AIR BAGS: Y / N _____

PRIOR DAMAGE: Y / N _____

SEATBELTS: Y / N LAP _____ LAP AND HARNESS _____

POINT OF IMPACT/S TO VEHICLE: _____

WAS VEHICLE TOWED OR DRIVEN FROM SCENE: _____

IF TOWED WHERE WAS IT TAKEN: _____

DRIVER OF VEHICLE: _____

LICENSE NUMBER: _____

ADDRESS: _____

HOME TELEPHONE: () _____ WORK TELEPHONE: () _____

OTHER PASSENGERS (NAMES, AGES AND PHONE NUMBERS) :

1 _____

2 _____

3 _____

ANYONE INJURED: Y / N _____

AMBULANCE RESPONDED: Y / N _____

WITNESSES FOR THIS VEHICLE: Y / N _____

INSURANCE CARRIER: _____

PHONE NUMBER: _____

ADDRESS: _____

ACCIDENT DATA SHEET

V-2 DATA

VEHICLE MAKE, MODEL AND YEAR: _____

COLOR OF VEHICLE: _____

LICENSE PLATE NUMBER: _____

AIR BAGS: Y / N

PRIOR DAMAGE: Y / N _____

SEATBELTS: Y / N LAP LAP AND HARNESS

POINT OF IMPACT/S TO VEHICLE: _____

WAS VEHICLE TOWED OR DRIVEN FROM SCENE: _____

IF TOWED WHERE WAS IT TAKEN: _____

DRIVER OF VEHICLE: _____

LICENSE NUMBER: _____

ADDRESS: _____

HOME TELEPHONE: () _____ WORK TELEPHONE: () _____

OTHER PASSENGERS (NAMES, AGES AND PHONE NUMBERS) :

1 _____

2 _____

3 _____

ANYONE INJURED: Y / N _____

AMBULANCE RESPONDED: Y / N _____

WITNESSES FOR THIS VEHICLE: Y / N _____

INSURANCE CARRIER: _____

PHONE NUMBER: _____

ADDRESS: _____

V-3 DATA

VEHICLE MAKE, MODEL AND YEAR: _____

COLOR OF VEHICLE: _____

LICENSE PLATE NUMBER: _____

AIR BAGS: Y / N

PRIOR DAMAGE: Y / N _____

SEATBELTS: Y / N LAP LAP AND HARNESS

POINT OF IMPACT/S TO VEHICLE: _____

WAS VEHICLE TOWED OR DRIVEN FROM SCENE: _____

IF TOWED WHERE WAS IT TAKEN: _____

DRIVER OF VEHICLE: _____

LICENSE NUMBER: _____

ADDRESS: _____

HOME TELEPHONE: () _____ WORK TELEPHONE: () _____

OTHER PASSENGERS (NAMES, AGES AND PHONE NUMBERS) :

1 _____

2 _____

3 _____

ANYONE INJURED: Y / N _____

AMBULANCE RESPONDED: Y / N _____

WITNESSES FOR THIS VEHICLE: Y / N _____

INSURANCE CARRIER: _____

PHONE NUMBER: _____

ADDRESS: _____

ACCIDENT DATA SHEET

LOCATION:

