



Date created: _____

Name: _____

Car Accident - If Another Driver Was Involved

Exchange insurance and important information with the driver and other vehicle. Write down the following details:

Accident Details

Date/Time: _____

Location: _____

Nearest intersection/exit/mile marker: _____

Weather conditions: _____

Road conditions: _____

Other Driver's Car

Color: _____

Make: _____

Model: _____

License Plate Number: _____

Registration/Vehicle Identification Number: _____

Other Characteristics: _____

Other Driver's Insurance

Company Name: _____

Contact Name: _____

Policy Number: _____

Name of Policy: _____

Driver's relationship to policyholder: _____

Other Driver's Contact Information

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Description of the Other Driver

Physical Traits: _____

Other descriptions (aggressive, helpful, etc): _____

Injuries: _____

Any comments made about the accident: _____

Passenger #1 Contact Information

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Any comments made about the accident: _____



Passenger #2 Contact Information

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Any comments made about the accident: _____

Witness #2 Contact Information

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Any comments made about the accident: _____

Passenger #3 Contact Information

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Any comments made about the accident: _____

Witness #3 Contact Information

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Any comments made about the accident: _____

Witness #1 Contact Information

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Any comments made about the accident: _____

Witness #4 Contact Information

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Any comments made about the accident: _____



Describe Your Injuries: _____

Describe Passenger's Injuries: _____

Describe the Damage to Your Vehicle: _____

Describe the Damage to the Other Vehicle: _____



Notes: _____

Diagram

Take photographs of the accident and draw a diagram. Include:

- Streets, traffic signs, any obstacles in the road - anything that provides details of the accident
- All directions of travel and lane directions
- Where the vehicle occupants were seated
- Landmarks in the area that might help you later determine where the vehicle came to rest



Police Officer #1

Name: _____
Badge Number: _____
Phone Number: _____
E-mail: _____

Police Officer #2

Name: _____
Badge Number: _____
Phone Number: _____
E-mail: _____

Attorney #1

Name: _____
Address: _____

Phone Number: _____
E-mail: _____

Attorney #2

Name: _____
Address: _____

Phone Number: _____
E-mail: _____

Paramedic #1

Name: _____
Badge Number: _____

Paramedic #2

Name: _____
Badge Number: _____

Other

Name: _____
Address: _____

Phone Number: _____
E-mail: _____

Other

Name: _____
Address: _____

Phone Number: _____
E-mail: _____