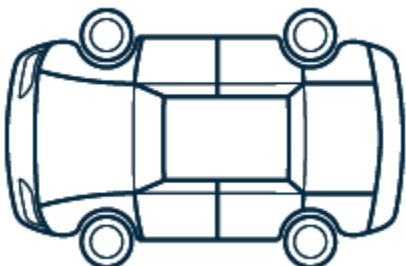


# Auto Accident Report

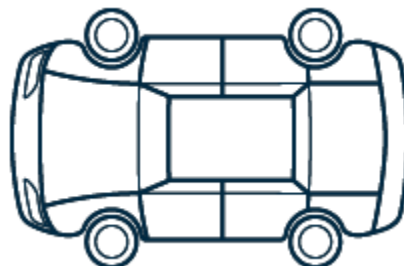
ACCIDENT LOCATION									
County					City				
Date of accident			Time of accident : a.m. p.m.			# Vehicles involved			
Road/Street/Hwy					Intersection				
Did Police Officer investigate accident Yes No			Was traffic citation issued to driver #1 Yes No #2 Yes No #3 Yes No						
VEHICLE #1: Vehicle you were driving									
Driver Name ( Last, First, Middle)			Street address		City		State		Zip
Driver's License #	Department #		State	Sex M F	Date of Birth	Age	Phone #		
Vehicle License #	Vehicle #		State	Vehicle Make		Vehicle Model	Vehicle Year	Vehicle Color	
Passenger 1 (Last, First, Middle)			Street address		City		State		Zip
Passenger 2 (Last, First, Middle)			Street address		City		State		Zip
Passenger 3 (Last, First, Middle)			Street address		City		State		Zip
VEHICLE #2: Other Vehicle(s) involved in accident									
Number of occupants in vehicle: _____			Number of injured occupants: _____						
Driver Name ( Last, First, Middle)			Street address		City		State		Zip
Driver's License #			State	Sex M F	Date of Birth	Age	Phone #		
Vehicle License #			State	Vehicle Make		Vehicle Model	Vehicle Year	Vehicle Color	
Insurance Company			Policy #:				Policy Period:		
Vehicle Owner Name (Last, First, Middle)			Street address		City		State		Zip
Passenger 1 (Last, First, Middle)			Street address		City		State		Zip
Passenger 2 (Last, First, Middle)			Street address		City		State		Zip
Passenger 3 (Last, First, Middle)			Street address		City		State		Zip

Vehicle #1



Shade in damaged areas

Vehicle #2



Shade in damaged areas

# Auto Accident Report

Please complete this diagram. Show names of streets, direction and position of automobiles, and point of contact if possible. Use a solid line to show path before accident, dotted line to show path after accident.

Use one of these outlines to sketch the scene of your accident. Show names of streets, direction and position of automobiles, and point of contact. Use solid line to show path before accident, dotted line to show path after accident.

INDICATE NORTH WITH ARROW IN CIRCLE

1 Your Vehicle  
2 Other Vehicle  
3 Third Vehicle

○ Traffic Light  
△ Yield Sign  
○ Stop Sign  
⋈ Pedestrian

**LIGHT**  
(Check One)

Dawn Daylight  
Darkness-street lighted  
Darkness-street not lighted  
Dusk

**ROAD CHARACTER**  
(Check Two)

Level Curve  
Hillcrest Straight  
On Grade Road

**WEATHER**  
(Check One)

Clear Raining  
Snowing Fog

**ROAD SURFACE**  
(Check One)

Dry Muddy  
Wet Icy  
Snowy

**Description of incident:**

[illegible]