

STATEMENT OF ACCIDENT

Date of Accident _____ Time _____

Where did accident happen? _____

Number of persons in your car _____ Number of persons in other cars _____

Make of your car _____ Year Model _____ License Plate Number _____

Owner's Name & Address _____

Driver's Name _____ Age _____ License Number _____

Driver's Address _____

What parts of your car were damaged? _____

Where can car be seen? _____

What company carries your auto insurance? _____

Were you injured? _____ Was anyone injured? _____ Give name, age and address of all those injured:

Nature of injuries _____

Name and address of doctor _____

Where does injured person(s) work? _____

Make and year model of other car _____ License Plate Number _____

Owner's Name & Address _____

Rate of Speed and Direction of Travel _____
(your vehicle) (other vehicle)

Describe Accident _____

(if more space is needed, use other side of this sheet)

Names & Addresses of all Witnesses (include occupants of your car)

Did you report accident to the authorities? _____ Where (street address)? _____

Signed _____ Date _____

Address _____

Telephone Number(s) _____