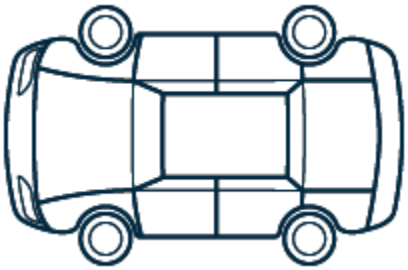
Auto Accident Report

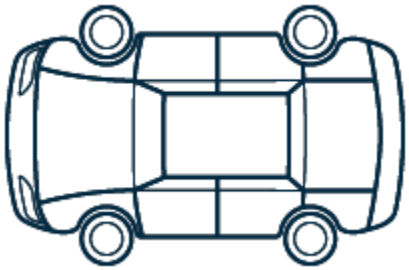
ACCIDENT LOCATION						
County			City			
Date of accident	Time of accident _____:_____ ☐a.m. ☐ p.m.			# Vehicles involved		
Road/Street/Hwy			Intersection			
Did Police Officer investigate accident ☐ Yes ☐ No	Was traffic citation issued to driver #1 ☐ Yes ☐ No #2 ☐ Yes ☐ No #3 ☐ Yes ☐ No					
VEHICLE #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

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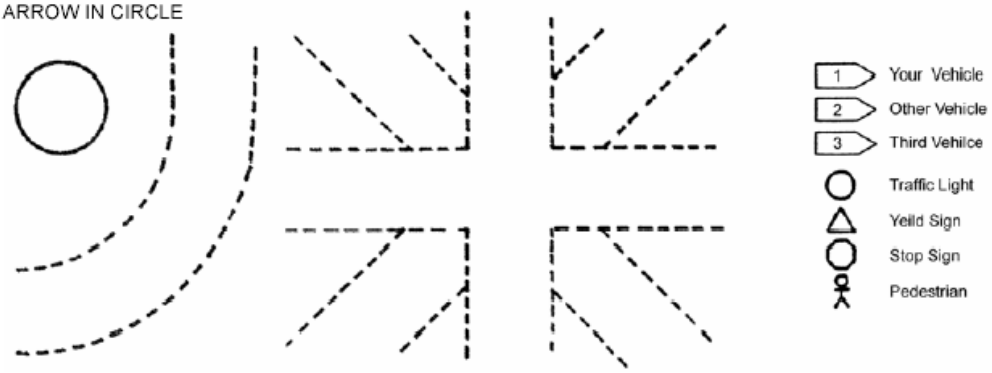
Please complete this diagram. Show names of streets, direction and position of automobiles, and point of contact if possible. Use a solid line to show path before accident, dotted line to show path after accident.

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



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: