

Accident Involvement Report

The following steps should be used to ensure that every driving-related accident receives proper attention and care.

1. Contact law enforcement and call paramedics, if necessary.
2. Notify your manager immediately if you were injured. Be mindful of passing vehicles as you exchange information with others involved in the accident.
3. Do not discuss the cause of the accident or admit fault.
4. Fill out the information below.
5. Describe the accident to authorities exactly as you have recorded it on this form.
6. Photograph the damage to all vehicles, property, relationship of debris fields and skid marks to vehicles, any obstructions, signage, traffic control devices and license plates of all vehicles (including witness vehicles).

Damage Descriptions

Your Vehicle	Other Vehicle
Towing Company Name & Phone	Towing Company Name & Phone

Other Driver/Vehicle Information

Owner's Name:	
Owner's Address:	
Owner's Phone:	
Vehicle Make:	
Vehicle Model & Year:	
Vehicle Color:	
License Plate Number	
Insurance Company:	
Agent Name & Phone:	
Other Driver's Name:	
Other Driver's Address:	

Other Driver's Phone:	
Drivers License Number & State of other driver:	

Passengers/Injuries:

Your Vehicle	Injuries	Other Vehicle	Injuries
You:		Other Driver:	
Total # Passengers:		Total # Passengers:	
Passenger #1		Passenger #1	
Passenger #2		Passenger #2	
Additional passengers (if applicable)		Additional passengers (if applicable)	

Police Information

Officer Name:	
Department:	
Phone:	
Badge Number:	
Other Info:	

Witness Information

W#1-Name:		W#2- Name:	
Address:		Address:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	

Accident Details

Day/Date/Time:	
Weather Conditions:	
Road Conditions:	
Traffic Conditions:	
Location of Accident:	
Accident Details:	

Where were you coming from and what was your destination: _____

Explain what traffic control devices (traffic lights, stop signs, etc.) controlled traffic for each involved vehicle: _____

List the location of impact on the other vehicle: _____

List the location of impact on your vehicle: _____

Type of roadway (Dirt, Asphalt, Stone, Concrete and grade, curve, etc.) _____

Speed Limit of the roadway for vehicle 1 (V1):	
Speed of your car (V1) just before accident:	
Direction of V1 and on what roadway:	
Speed Limit of the roadway for vehicle 2 (V2):	
Speed of other car (V2) just before accident:	
Direction of V2 and on what roadway:	
Speed Limit of the roadway for V3 (if applicable)	
Speed of V3 before accident	
Direction of V3 and on what roadway	

Were you or other driver turning? Explain: _____

Did other driver signal properly? _____

If at night or in unfavorable weather, were their headlights on? _____

How far were you from the other car when you first saw it? _____

Did your car skid? _____ If so, how many feet? _____

Did the other car skid? _____ If so, how many feet? _____

Did either vehicle take evasive action? _____

Was the other driver distracted? (Cell phone, eating, etc.) _____

Was there anything, such as bushes or advertising signs, which obstructed the view of the intersection? _____

Was either driver given a citation? (Explain) _____

Did the other party admit liability, fault or agree that they or their insurance company would pay for damages? _____

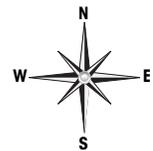
Do you wear prescription lenses? _____ Where you wearing them at the time? _____

List any restrictions on your license: _____

List other pertinent facts: _____

Sketch the Accident Scene: (Please Draw Diagram in Space Below)

1. Illustrate the proper number of lanes, including turn lanes, in each direction on all roadways.
2. Number your vehicle as #1, other vehicle(s) as #2, #3, etc., and illustrate the front of the vehicle with a point. 
3. Indicate pedestrians with: O
4. Indicate direction of travel by an arrow, using a solid line (—) before impact and a dashed line (-----) after impact.
5. Indicate which parts of cars collided.
6. Give names or numbers of streets or highways.
7. Indicate traffic signs and signals.
8. Indicate any tire marks, blood, broken glass, dirt, etc.
9. Indicate any obstructions and or hazards that played a role.



Your driver's license #: _____ State of Issuance: _____

Your Contact Information

Name: Last, First		Home Telephone:	
Street:		Cellular #:	
Apt./Ste:		Work #:	
City, State		Zip Code:	
E-Mail Address:			

I certify I have read the information on this sheet and have answered the questions fully, truthfully and to the best of my knowledge.

Print your name: _____

Signature: _____ Date: _____