

The Other Driver

Name: _____
Address: _____

Phone: _____
VIN #: _____
License #: _____
Car Tag #: _____
Make / Model: _____
Color / Year: _____
Insurance Co.: _____

Witness and Passenger Information

1.
Name _____
Address _____
Phone _____

2.
Name _____
Address _____
Phone _____

3.
Name _____
Address _____
Phone _____

Other Important Information

Date of accident: _____
Time of accident: _____
Location of accident: _____
Tickets issued? _____
Was the other driver drinking? _____
Was the other driver speeding? _____
Road conditions: _____
Weather conditions: _____
Damage to your vehicle: _____
Damage to other vehicle: _____
Wrecker service: _____
Was anyone turning? _____
Did other driver fail to signal? _____

Accident Diagram

1. Draw location of vehicles.
2. Indicate traffic signals, stop signs, yield signs, and obstructions
3. Show skid marks and debris positions.
4. Indicate travel paths.