

JIMENO & GRAY, P.A.
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ACCIDENT INFORMATION FORM

Fill Out This Form at the scene of the accident

THE OTHER DRIVER AND CAR

Name of other driver _____

Street address _____

City _____

State _____

Other driver's license plate number _____

Make and type of car _____ Year _____

Number of driver's license of other driver _____

Name of other driver's insurance company and policy number _____

Has other driver apparently been drinking? _____

Any verbal statement made by other driver as to cause of accident:

Name of Police Officer who responded to scene and accident report number, if any.

NAME AND ADDRESSES OF ALL POSSIBLE WITNESSES TO ANY FACT

Name _____

Address _____

Telephone Number _____

Name _____

Address _____

Telephone Number _____

THE FOLLOWING MAY BE FILLED OUT EITHER AT THE SCENE OR SHORTLY AFTER LEAVING THE SCENE

Date of accident _____

Time _____

Location of accident _____

Type of road (grade, curve, etc.)

Speed of your car just before accident

Speed of other car just before accident

Direction of your car

Direction of other car

Were you or other driver turning?

Did other driver signal properly (with arm, horn, lights, etc.)?

If at night, were his lights turned on?

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

Other pertinent facts? _____