PERSONAL REPORT OF ACCIDENT

This form should be completed when a traffic accident occurs and a law enforcement officer is not called to make a report. This report is for your personal use and should not be mailed to the Department of Public Safety, as it will be destroyed upon receipt.

INSTRUCTIONS:

1. Answer all questions to the best of your knowledge. If unable to answer any questions, mark "not known".
2. Give exact time of accident (date, day and hour).
3. Under "Location of Accident" show sufficient information to locate exact scene of the accident.
4. Print or type all names and addresses.
5. Sign the report in the space provided on the reverse side.
6. Report must be complete as to exact names, birth dates, and drivers license numbers.
7. Use a second report form or a sheet of plain paper of the same size to report additional vehicles, injured persons, or witnesses, or any other information for which there is insufficient space.

TIME

Date of Accident _____ Day of Week _____ Hour _____ A.M. _____ P.M. Weather: _____
Clear, Raining, Fog, Etc.

LOCATION

PLACE WHERE ACCIDENT OCCURRED: County _____ City, Town or Township _____

DO NOT WRITE IN THIS SPACE

If accident was outside city limits indicate distance from nearest town. Use two distances and two directions if necessary.
_____ miles south-north
_____ miles east-west
of ☐ limits of ☐ center of _____ CITY OR TOWN

ROAD ACCIDENT OCCURRED ON: _____
Give name of street or highway number. (U.S. or State). If no highway number, identify by name.

Check and complete one
☐ At its intersection with: _____
Name of intersecting street or highway number
Or
☐ Not at intersection: _____ feet north-south
_____ feet east-west
of _____ show nearest intersecting street or highway, house number, bridge, driveway or other identifying landmark.

VEHICLES

YOUR VEHICLE NUMBER 1

Vehicle License Plate _____ Year State Number
Approximate cost to repair vehicle $ _____

Year Make Type (sedan, truck, taxi, bus, etc.) _____

Driver _____
Print or Type Full Name — Street or R.F.D. — City and State

Driver's Occupation _____ Driver's License _____ State Number Driver's Birth Date _____ Mo. Da. Yr. Age _____ Sex _____
Carpenter, Sales Clerk, Etc.

Owner _____
Print or Type Full Name — Street or R.F.D. — City and State
Owner's Birth Date _____
Driveable: Yes ☐ No ☐ Owner's Month Day Year
Driver's License _____ State Number

Parts of Vehicle Damaged _____

Is this vehicle covered by automobile liability insurance? ☐ Yes ☐ No
If vehicle not covered, did driver have liability policy applicable? ☐ Yes ☐ No
IF YES TO EITHER SHOW INSURANCE COMPANY
Show Policy Number Here
Name _____
Show name of insurance company not name of insurance agency
Address _____

Space for any third vehicle on reverse side. Total vehicles involved

OTHER VEHICLE NUMBER 2

Vehicle License Plate _____ Year State Number
Approximate cost to repair vehicle $ _____

Year Make Type (Sedan, Truck, Taxi, Bus, Etc.) _____

Driver _____
Print or Type Full Name — Street or R.F.D. — City and State

Driver's Occupation _____ Driver's License _____ State Number Driver's Birth Date _____ Mo. Da. Yr. Age _____ Sex _____
Carpenter, Sales Clerk, Etc.

Owner _____
Print or Type Full Name — Street or R.F.D. — City and State
Owner's Birth Date _____ Mo. Da. Yr.
Driveable: ☐ Yes ☐ No Owner's Driver's License _____ State Number

Parts of vehicle damaged _____

Is this vehicle or driver covered by automobile liability insurance? ☐ Yes ☐ No
IF YES SHOW NAME OF INSURANCE COMPANY _____

DAMAGE TO PROPERTY OTHER THAN VEHICLE _____
Approximate cost to repair $ _____
NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY
NAME OBJECT AND STATE NATURE OF DAMAGE _____

COMPLETE BOTH SIDES OF THIS FORM

3rd VEHICLE

Vehicle No. 3 (If third vehicle involved)

Approximate cost to repair vehicle $ _____

Vehicle License Plate _____

year   make   type (sedan, truck, taxi, bus, etc.)   year   state   number   /

Driver _____   Street or R.F.D. _____   City and State _____
Print or type full name   Driver's

Driver's Occupation _____   Driver's License _____   Driver's Birth Date _____   Age _____ Sex _____
Carpenter, Sales Clerk, Etc.   State   Number   Mo.   Da.   Yr.

Owner _____   Owner's Birth Date _____
Print or Type Full Name   Street or R.F.D.   City and State   Mo.   Da.   Yr.

Yes ☐ Owner's
Parts of vehicle damaged _____   DRIVEABLE: No ☐ Drivers License _____
State   Number

Is this vehicle or driver covered ☐Yes   IF YES SHOW NAME
by automobile liability insurance? ☐No   OF INSURANCE CO. _____

INJURED

Name _____ Address _____
☐ Driver   In vehicle No. _____
☐ Passenger
☐ Pedestrian
☐ Specify other _____

Age _____ Sex _____ Race _____ Injured taken to _____

Did injured die? _____ Nature and extent of injuries _____ Attending Doctor _____

Name _____ Address _____
☐ Driver   In vehicle No. _____
☐ Passenger
☐ Pedestrian
☐ Specify other _____

Age _____ Sex _____ Race _____ Injured taken to _____

Total Injured

Did injured die? _____ Nature and extent of injuries _____ Attending Doctor _____

Light Conditions	What Pedestrian Was Doing
☐ Daylight	Pedestrian was going ☐☐☐☐ ☐ Across or into.....................From.....................To..................... (check one) N S E W (Street name, highway no.) (N.E. corner to S.E. corner, or west side to east side, etc.)
☐ Dawn or dusk	☐ Crossing or entering at intersection ☐ Walking in roadway—with traffic ☐ Pushing or working on vehicle ☐ Other in roadway
	☐ Crossing or entering not at intersection ☐ Walking in roadway—against traffic ☐ Other working in roadway ☐ Not in roadway
☐ Darkness	☐ Getting on or off vehicle ☐ Standing in roadway ☐ Playing in roadway

What Drivers Intended To Do: (Check one for each driver)

Driver 1 2 3		Driver 1 2 3		Driver 1 2 3		Driver 1 2 3	
☐☐☐	Go straight ahead	☐☐☐	Make left turn	☐☐☐	Start in traffic	☐☐☐	Remain stopped in traffic lane
☐☐☐	Overtake and pass	☐☐☐	Make U turn	☐☐☐	Start from parked position	☐☐☐	Remain parked
☐☐☐	Make right turn	☐☐☐	Slow or stop	☐☐☐	Back	☐☐☐	Get out of parked or stopped vehicle

Witnesses:

Name _____ Address _____ Age _____ approximate

Name _____ Address _____ Age _____ approximate

DESCRIBE WHAT HAPPENED:

Refer to vehicles by number.
If more space is needed, use another report form or a sheet of plain paper of the same size.

_____

_____

_____

_____

_____

_____

_____

SIGNATURE _____ ADDRESS _____ DATE _____

Signature of person submitting report is required—complete both sides of this form