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 Driver Services, 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.)

DO NOT WRITE IN THIS SPACE

LOCATION

Place Where Accident Occurred: County_____ City, Town Or Township _____

If accident was outside city limits indicate distance from nearest town. Use two distances and two directions if necessary. _____ miles _____ south-north } of { ☐ limits of / ☐ center of } _____ City or Town

_____ miles _____ east-west

ROAD ACCIDENT OCURRED ON:_____

Give name of street or highway number, (U.S. or State). If no highway number, identify by name.

☐ At its intersection with: _____ Name of intersecting street or highway number

Check and complete one OR

☐ Not at intersection: _____ feet _____ south-north / _____ feet _____ east-west } of _____ show nearest intersecting street or highway, house number, bridge, driveway or other identifying landmark.

VEHICLES

YOUR VEHICLE NUMBER 1

_____ Year Make Type (sedan, truck, taxi, bus, etc.) Vehicle License Plate _____ Year State Number Approximate cost to repair vehicle _____

Driver_____ Full Name _____ Street City and State

Driver's Occupation_____ Carpenter, Sales Clerk, Etc. Driver's License_____ State Number Driver's Birth Date_____ Mo. Da Yr Age____ Sex____

Owner_____ Full Name Street City and State Owner's Birth Date_____ Mo Da Yr

Parts of Vehicle Damaged_____ Driveable ☐ Yes ☐ No Owner's Driver License _____ State Number

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

_____ Year Make Type (sedan, truck, taxi, bus, etc.) Vehicle License Plate _____ Year State Number Approximate cost to repair vehicle _____

Driver_____ Full Name _____ Street City and State

Driver's Occupation_____ Carpenter, Sales Clerk, Etc. Driver's License_____ State Number Driver's Birth Date_____ Mo. Da Yr Age____ Sex____

Owner_____ Full Name Street City and State Owner's Birth Date_____ Mo Da Yr

Parts of Vehicle Damaged_____ Driveable ☐ Yes ☐ No Owner's Driver License _____ State Number

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_____ NAME OBJECT AND STATE NATURE OF DAMAGE Approximate cost to repair $_____

NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY_____

3rd VEHICLE

Vehicle No. 3 (If third vehicle Involved) _____ Vehicle License Plate _____ Approximate cost to repair vehicle _____

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

Driver _____ _____

Full Name Street City and State

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 _____

Full Name Street City and State Mo Da Yr

Parts of Vehicle Damaged _____ Driveable ☐ Yes ☐ No Owner's Driver License _____

State Number

Is this vehicle or driver covered by automobile liability insurance? ☐ Yes ☐ No If Yes show name of Insurance Company _____

INJURED

Total Injured

Name _____ Address _____

☐ Driver ☐ Passenger ☐ Pedestrian ☐ Specify other _____ In Vehicle No. _____

Age _____ Sex _____ Race _____ Injured taken to _____

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

Name _____ Address _____

☐ Driver ☐ Passenger ☐ Pedestrian ☐ Specify other _____ In Vehicle No. _____

Age _____ Sex _____ Race _____ Injured taken to _____

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

Light Conditions

☐ Daylight
☐ Dawn or Dusk
☐ Darkness

What Pedestrian Was Doing

Pedestrian was going ☐ N ☐ S ☐ E ☐ W ☐ Across or into _____ From _____ To _____ Street name, highway no.

☐ 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

☐ 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	☐☐☐ Make right turn	☐☐☐ 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.