ACCIDENT INFORMATION

Date _____ Time _____ ☐ A.M. ☐ P.M. ☐ Daylight ☐ Dark

LOCATION:

Name of Street or Highway Number _____ (Closest Intersection or Landmark)

City, Town, County _____ (State)

WEATHER:

☐ 1 Clear ☐ 2 Raining ☐ 3 Snowing ☐ 4 Fog
☐ 5 Sleeting ☐ 6 Dust/Smoke/Fog ☐ 7 High Wind ☐ 8 Other _____

AREA:

☐ 1 Residential ☐ 2 Commercial ☐ 3 Rural ☐ 4 Other _____

PAVEMENT

☐ 1 Asphalt ☐ 2 Concrete ☐ 3 Gravel/Dirt ☐ 4 Brick/Stone
☐ 5 Steel ☐ 6 Wood ☐ 7 Other _____

CONDITION

☐ 1 Dry ☐ 2 Wet ☐ 3 Slippery ☐ 4 Pot Holes
☐ 5 Other _____

DIRECTION:

	N	E	S	W	Other
Yours	☐ 1	☐ 2	☐ 3	☐ 4	_____
Other	☐ 1	☐ 2	☐ 3	☐ 4	_____

SPEED:

	Posted	Actual when danger noticed
Yours	_____	_____
Other	_____	_____

TRAFFIC CONTROL:

Stop sign:

☐ 1 1 Way ☐ 2 2 Way
☐ 3 3 Way ☐ 4 4 Way
☐ 5 Yield ☐ 6 Semaphore
☐ 7 Police/Flag Person ☐ 8 Railroad
☐ 9 Uncont. Intersection ☐ Not an Intersec.

SEAT BELT:

☐ Used ☐ Not Used

AIR BAG INFLATED:

☐ Yes ☐ No

ACCIDENT DESCRIPTION

Briefly tell how the accident happened. Indicate movement of involved vehicles when hazard was first noticed, warning or evasive action taken and length and position of any skid marks.

ACCIDENT SKETCH

Draw an accident sketch. Show and label roadway, indicate number of lanes, direction of travel and signs. Number each vehicle and show direction of travel from point hazard was noticed to point of impact by a solid line and any travel after impact by a dotted line.

SYMBOLS:

Your Vehicle 1

Other Vehicle: 2

3

Pedestrian

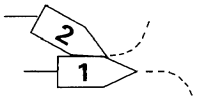
Stop Sign

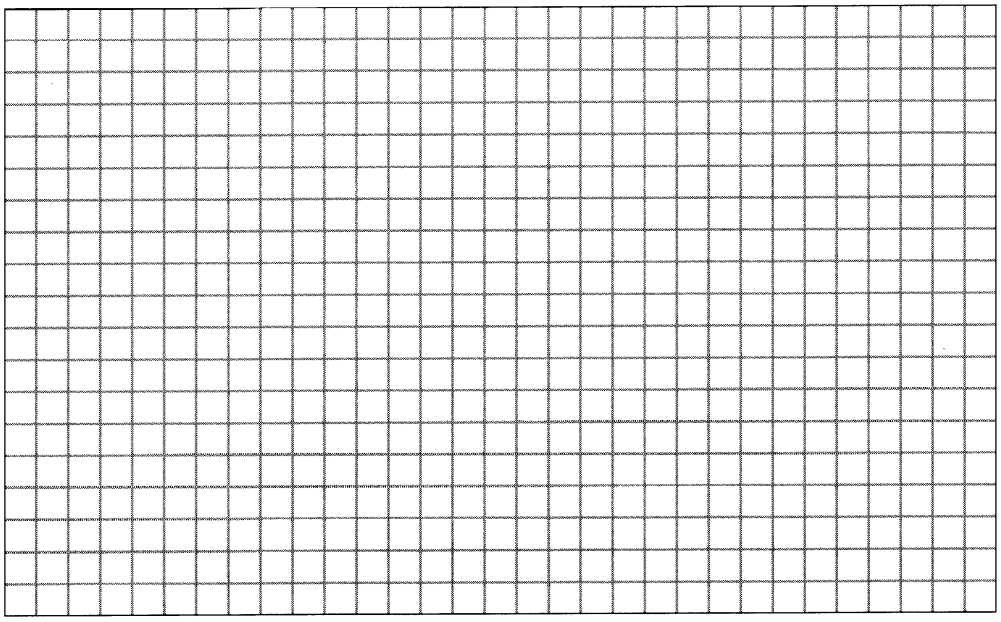
Semaphore

Yield

Railroad

Point of Impact





Indicate direction _____

At what distance did you notice danger?

_____ feet