

DRIVER'S STATEMENT

Driver's Name: _____ Owner's Name: _____

Driver's Address: _____ City: _____ State: _____ Age: _____

Phone Nbr: _____ Driver's License Nbr: _____ State: _____ EXP: ____/____/____

Employed By: _____ Address of Employer: _____

What was the vehicle being used for at time of accident? _____

Date of Accident: ____/____/____ Time: _____ Location: _____

How fast, on what street and in what direction were you traveling? _____

How fast, on what street and in what direction was other vehicle traveling? _____

Describe condition of weather: _____ Road: _____ Visibility: _____

How far away was other vehicle when first noticed? _____ How many people were in your vehicle? _____

Distance from your vehicle to right hand edge of road? _____ Other vehicle? _____

Exact point of contact of your vehicle with other vehicle: _____

Exact point of contact of other vehicle with your vehicle: _____

What authorities were notified of accident? _____ Date/Time: _____

Did you violate any traffic laws? _____ Did other driver? _____

Were any charges made? _____ Against whom? _____ Charge? _____

If faulty condition of either vehicle caused accident, explain: _____

Name of owner of other vehicle or property: _____

Address: _____ Occupation: _____

Name of driver of other vehicle: _____ Driver's License Nbr: _____

Address: _____ Age: _____ Occupation: _____

Year, make and model of other vehicle: _____ License Nbr: _____

Estimated damage to other vehicle: _____

Name of Company insuring other parties: _____

Names/Addresses of Witnesses: _____

Were personal injuries sustained by any person or persons? _____ If so, explain in detail: _____

