## **DRIVER'S STATEMENT**

Driver's Name:		Own	er's Name:		
Driver's Address:		City:		State:	Age:
Phone Nbr:	Driver's License Nbr:		State: _	EXF	P:/
Employed By:	Addre	ss of Empl	oyer:		
What was the vehicle being u	sed for at time of accident?				
Date of Accident://	Time:	Location:			
How fast, on what street and	in what direction were you t	traveling?			
How fast, on what street and	in what direction was other	vehicle tra	veling?		
Describe condition of weather	r:	_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 vehi	cle?	
Exact point of contact of your	vehicle with other vehicle:				
Exact point of contact of othe	r vehicle with your vehicle:				
What authorities were notified	d of accident?		Date/T	ime:	
Did you violate any traffic lav	ws?		_ Did other driver?		
Were any charges made?	Against whom?		_ Charge?		
If faulty condition of either ve	ehicle caused accident, expla	ain:			
Name of owner of other vehic	ele or property:				
Address:	·		Occupation: _		
Name of driver of other vehic	ele:		Driver's License N	br:	
Address:	F	Age:	Occupation:		
Year, make and model of other	er vehicle:		License	Nbr:	
Estimated damage to other ve	hicle:				
Name of Company insuring o	other parties:	·			
Names/Addresses of Witnesse	es:				
Were personal injuries sustain	ned by any person or person	s?	If so, explai	n in detail:	
1 3	J J 1 F				

Names/Addresses of Occupants of Your Vehicle:
Please describe the accident in detail, stating who in your opinion was to blame, why you think they were at far and mention any statements made by yourself or others immediately after the accident:
Signature of Driver
Data
Date