

STATEMENT OF DRIVER

Driver's Name:	Owner's Name:	
Driver's Address:		
Driver's License No.:	Employed By:	
What was the car being used for at the time of the accide	ent?	
Date & Time of Accident:	Location:	
How fast, on what street and in what direction were you t	traveling?	
How fast, on what street and in what direction was the ot	ther car traveling?	
Describe condition of weather:	Road: Visil	bility:
How far away was other car when first noticed?	How many people were in your car?	In other car?
Distance from your car to right hand edge of road?	Other Car?	
Exact point of contact of your car with other car:		
Exact point of contact of other car with your car:		
What authorities were notified of accident?	Date and	Hour:
Did you violate any traffic laws?	Did other driver?	
Were any charges made? Against v	vhom? Charge?	
If faulty condition of either car caused accident, explain:		
Name of owner of other car or property:		
Address:	Occupation:	
Name of driver of other car:	Driver's License No.:	
Address:	Age: Occupat	ion:
Year and make of other car:	License No.:	
Estimated damage to other car:		
Name of Company insuring other parties:		
NAME OF WITHEOUT	ADDRESS	
NAME OF WITNESSES	ADDRESS	
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If so, please explain in detail: NAMES AND ADDRESSES OF OCCUPANTS OF ASSURED'S CAR Please describe the accident in detail, stating who in your opinion was to blame and why and mentioning any statements made by yourself or other concerned after the accident:	Were personal injuries sustained by any person or persons?	
NAMES AND ADDRESSES OF OCCUPANTS OF ASSURED'S CAR Please describe the accident in detail, stating who in your opinion was to blame and why and mentioning any statements made by yourself or other concerned after the accident:	If so, please explain in detail:	
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