



STATEMENT OF DRIVER

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

Driver's Address: _____ Phone No.: _____ Age: _____

Driver's License No.: _____ Employed By: _____

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

Date & Time of Accident: _____ Location: _____

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

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

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

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 whom? _____ 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: _____ Occupation: _____

Year and make of other car: _____ License No.: _____

Estimated damage to other car: _____

Name of Company insuring other parties: _____

NAME OF WITNESSES	ADDRESS
_____	_____
_____	_____
_____	_____

