

# PERSONAL REPORT OF ACCIDENT

This form should be completed when a traffic accident occurs and a law enforcement officer is not called to make a report. **This report is for your personal use and should not be mailed to the Department of Driver Services, as it will be destroyed upon receipt.**

## INSTRUCTIONS:

1. Answer all questions to the best of your knowledge. If unable to answer any questions, mark "not known".
2. Give exact time of accident (date, day and hour).
3. Under "Location of Accident" show sufficient information to locate exact scene of the accident.
4. Print or type all names and addresses.
5. Sign the report in the space provided on the reverse side.
6. Report must be complete as to exact names, birth dates, and drivers license numbers.
7. Use a second report form or a sheet of plain paper of the same size to report additional vehicles, injured persons, or witnesses, or any other information for which there is insufficient space.

<b>Time</b>	Date of Accident _____		Day of Week _____	Hour _____ A.M. _____ P.M.	Weather _____	DO NOT WRITE IN THIS SPACE
	(Clear, Raining, Fog, Etc.)					
<b>LOCATION</b>	Place Where Accident Occurred: County _____ City, Town Or Township _____					
	If accident was outside city limits indicate distance from nearest town. Use two distances and two directions if necessary. { _____ miles _____ south-north } of { <input type="checkbox"/> limits of <input type="checkbox"/> center of } _____ City or Town { _____ miles _____ east-west }					
<b>ION</b>	ROAD ACCIDENT OCCURRED ON: _____ Give name of street or highway number, (U.S. or State). If no highway number, identify by name. <input type="checkbox"/> At its intersection with: _____ Name of intersecting street or highway number Check and complete one OR <input type="checkbox"/> Not at intersection: { _____ feet _____ south-north } of _____ show nearest intersecting street or highway, house number, bridge, driveway or other identifying landmark. { _____ feet _____ east-west }					
<b>VEHICLES</b>	YOUR VEHICLE NUMBER 1					
	Year _____ Make _____ Type (sedan, truck, taxi, bus, etc.) _____		Vehicle License Plate _____		Approximate cost to repair vehicle _____	
<b>CL</b>	Driver _____ Full Name _____		Street _____		City and State _____	
	Driver's Occupation _____ Carpenter, Sales Clerk, Etc.		Driver's License _____ State _____ Number _____		Driver's Birth Date _____ Age _____ Sex _____	
<b>ES</b>	Owner _____ Full Name _____		Street _____		City and State _____	
	Parts of Vehicle Damaged _____		Driveable <input type="checkbox"/> Yes <input type="checkbox"/> No		Owner's Birth Date _____	
	Is this vehicle covered by automobile liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES TO EITHER SHOW INSURANCE COMPANY Name _____		State Number _____	
	If vehicle not covered, did driver have liability policy applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Show Policy Number Here _____		Address _____	
Space for any third vehicle on reverse side. Total vehicles involved	OTHER VEHICLE NUMBER 2					
	Year _____ Make _____ Type (sedan, truck, taxi, bus, etc.) _____		Vehicle License Plate _____		Approximate cost to repair vehicle _____	
	Driver _____ Full Name _____		Street _____		City and State _____	
	Driver's Occupation _____ Carpenter, Sales Clerk, Etc.		Driver's License _____ State _____ Number _____		Driver's Birth Date _____ Age _____ Sex _____	
	Owner _____ Full Name _____		Street _____		City and State _____	
	Parts of Vehicle Damaged _____		Driveable <input type="checkbox"/> Yes <input type="checkbox"/> No		Owner's Birth Date _____	
	Is this vehicle or driver covered by automobile liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes show name of Insurance Company _____		State Number _____	
DAMAGE TO PROPERTY OTHER THAN VEHICLE _____						Approximate cost to repair \$ _____
NAME OBJECT AND STATE NATURE OF DAMAGE _____						
NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY _____						

# 3rd V E H I C L E

Vehicle No. 3 (If third vehicle Involved) \_\_\_\_\_ Vehicle \_\_\_\_\_ Approximate cost  
License Plate \_\_\_\_\_ to repair vehicle \_\_\_\_\_

Year Make Type (sedan, truck, taxi, bus, etc.) Year State Number

Driver \_\_\_\_\_  
Full Name \_\_\_\_\_ Street \_\_\_\_\_ City and State \_\_\_\_\_

Driver's \_\_\_\_\_  
Occupation \_\_\_\_\_ Driver's License \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Carpenter, Sales Clerk, Etc. State Number Mo. Da Yr

Owner \_\_\_\_\_  
Full Name \_\_\_\_\_ Street \_\_\_\_\_ City and State \_\_\_\_\_ Owner's Birth Date \_\_\_\_\_  
Parts of \_\_\_\_\_  
Vehicle Damaged \_\_\_\_\_ Driveable ☐ Yes ☐ No Driver License \_\_\_\_\_  
State \_\_\_\_\_ Number \_\_\_\_\_

Is this vehicle or driver covered by automobile liability insurance? ☐ Yes ☐ No If Yes show name of Insurance Company \_\_\_\_\_

# I N J U R E D

Total  
Injured

Name \_\_\_\_\_ Address \_\_\_\_\_ ☐ Driver In Vehicle  
☐ Passenger No. \_\_\_\_\_  
☐ Pedestrian  
☐ Specify other \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Injured taken to \_\_\_\_\_  
Nature and  
Did injured die? \_\_\_\_\_ extent of injuries \_\_\_\_\_ Attending  
Doctor \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ ☐ Driver In Vehicle  
☐ Passenger No. \_\_\_\_\_  
☐ Pedestrian  
☐ Specify other \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Injured taken to \_\_\_\_\_  
Nature and  
Did injured die? \_\_\_\_\_ extent of injuries \_\_\_\_\_ Attending  
Doctor \_\_\_\_\_

## Light Conditions

- ☐ Daylight  
☐ Dawn or Dusk  
☐ Darkness

## What Pedestrian Was Doing

Pedestrian was going ☐ ☐ ☐ ☐ ☐ Across or into \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
N S E W Street name, highway no.

☐ Crossing or entering at intersection ☐ Walking in roadway-with traffic ☐ Pushing or working on vehicle ☐ Other in roadway

☐ Crossing or entering not at intersection ☐ Walking in roadway-against traffic ☐ Other working in roadway ☐ Not in roadway

☐ Getting on or off vehicle ☐ Standing in roadway ☐ Playing in roadway

## What Drivers Intended To Do: (Check one for each driver)

Driver 1 2 3	Driver 1 2 3	Driver 1 2 3	Driver 1 2 3
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Go straight ahead	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Make Left Turn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start in Traffic	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Remain stopped in traffic lane
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overtake and pass	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Make U Turn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Start from parked position	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Remain Parked
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Make right turn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Make right turn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Back	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Get out of parked or stopped vehicle

## Witnesses:

Name \_\_\_\_\_ Address \_\_\_\_\_ Age \_\_\_\_\_  
approximate

Name \_\_\_\_\_ Address \_\_\_\_\_ Age \_\_\_\_\_  
approximate

## DESCRIBE WHAT HAPPENED:

Refer to vehicles by number. If more space is needed, use another report form or a sheet of plain paper of the same size.

Signature \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
Signature of person submitting report is required. Complete both sides of this form.