

The Accident

Date _____ Time _____ A.M. ____ P.M. ____

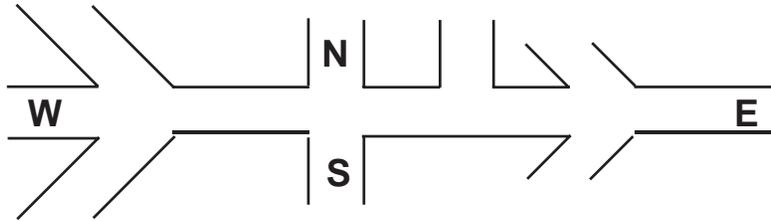
Place _____

Our Vehicle No. _____ Trailer No. _____

Weather _____ Road Conditions _____

Dry, Icy, Etc.

No. of Lanes _____ Marked _____ Divided _____



I Was Traveling _____ N _____ E _____ S _____ W at _____ MPH

Other Vehicle Traveling _____ N _____ E _____ S _____ W at _____ MPH

Damage to Our Vehicle _____

_____ Approx. \$ _____

Damage to Other Vehicle _____

_____ Approx. \$ _____

Damage to Other Property _____

_____ Approx. \$ _____

Other Driver's Name and Address _____

Driver's License No. _____ Age _____ Sex _____

Other Vehicle: Make _____ Year _____ Model _____

Other Vehicle: License No. _____ State _____ Year _____

Owner's Name and Address _____

_____ Telephone No. _____

Insured? _____ Name of Ins. Co. _____

Police Report? _____ Name or Badge No. _____

Police Department _____ Citations? _____

Persons Injured

1. Where Taken After Accident?

Home _____ Doctor _____ Hospital _____ Police Station _____

Name _____ Age _____

Address _____ Sex _____

Nature of Injury _____

2. Where Taken After Accident?

Home _____ Doctor _____ Hospital _____ Police Station _____

Name _____ Age _____

Address _____ Sex _____

Nature of Injury _____

3. Where Taken After Accident?

Home _____ Doctor _____ Hospital _____ Police Station _____

Name _____ Age _____

Address _____ Sex _____

Nature of Injury _____

Witnesses

1. Name and Address _____

_____ Tel. _____

2. Name and Address _____

_____ Tel. _____

3. Name and Address _____

_____ Tel. _____

4. Name and Address _____

_____ Tel. _____