





**Indicate points of collision**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Vehicle number: \_\_\_\_\_

Place of accident: \_\_\_\_\_

Other driver's name: \_\_\_\_\_

Other driver's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Other driver's license plate number: \_\_\_\_\_

Make of car: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Owner of other car: \_\_\_\_\_

Other driver's insurance company: \_\_\_\_\_

Damage to other vehicle: \_\_\_\_\_

What direction were you going? \_\_\_\_\_

What direction was other car going? \_\_\_\_\_

Pavement:  Dry  Wet  Ice/Snow

Weather: \_\_\_\_\_ Visibility: \_\_\_\_\_

Traffic control:  Lights  Signs  None (indicate on diagram above)

Police investigation?  Yes  No

By who? (city, state, county) \_\_\_\_\_ To whom? \_\_\_\_\_

Summons issued? \_\_\_\_\_

Were you issued a state report to fill out? \_\_\_\_\_

Complete this card for your employer and complete the state report if it is required.

Employee: \_\_\_\_\_

**Injured Persons:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Extent of injuries: \_\_\_\_\_

Name of hospital: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

**Damage to Property:**

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

What was damaged? (other than other auto) \_\_\_\_\_

Where is damaged property? \_\_\_\_\_

Witnesses: (This is important—get as many as possible)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_