

1. Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

2. Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

3. Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Was the other driver alone? ☐ Yes ☐ No

Names of other persons with other driver:

1. Name: _____

2. Name: _____

3. Name: _____

4. Name: _____

Description of Accident: _____

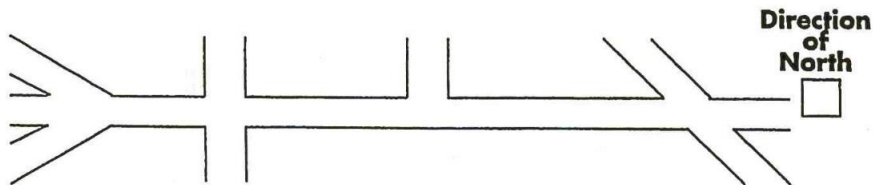
Driver: _____

Driver's Accident Report

- Note:** In case of a serious accident, injury, or death, telephone your office at once!



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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) _____

Summons issued? _____ To whom? _____

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: _____

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Address: _____

City: _____ State: _____ ZIP code: _____

3. Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

4. Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____