## **DRIVER'S STATEMENT FORM**



YOUR DRIVER AND VEHICLE INFORMATION

DRIVER'S NAME					VEHICLE OWNER'S NAME					
DRIVER'S ADDRESS (STREET, CITY, STATE)									DRIVER'S AGE	
, , ,						LIOEN	IOE OTATE	LEVELE	ATION	
DRIVER'S PHONE NUMBER	DRIVER'S LICENSE NUMBE			LICENSE			ISE STATE	EXPIR	ATION	
MPLOYER			EMPLOYER'S ADDRESS				1			
VEHICLE'S LISE AT TIME OF A COLDENT										
VEHICLE'S USE AT TIME OF ACCIDENT										
YEAR, MAKE, MODEL OF VEHICLE LICENSE PLATE			ESTIMATED DAMAGES TO VEHICLE							
				ı						
IF TWO VEHICLE ACCIDENT, OTHER DRIVER AND VEHICLE INFORMATION										
DRIVER'S NAME					VEHICLE OWNER'S NAME					
DRIVER'S ADDRESS (STREET, CITY, STATE)				DF					DRIVER'S AGE	
DRIVER'S PHONE NUMBER DRIVER'S		'S LICENSE NUMBER			LICENS		SE STATE EXPIRA		L ATION	
EMPLOYER			EMPLOY	ER'S ADI	DRESS					
VEHICLE'S USE AT TIME OF ACCIDENT										
YEAR, MAKE, MODEL OF VEHICLE LICENSE PLATE				ESTIMATED DAMAGES TO VEHICLE						
TEAR, MAKE, MODEL OF VEHICLE LICENSE PLAT				LOTHWAY LO BANNA COLO TO VETHOLE						
ACCIDENT INFORMATION										
DATE OF ACCIDENT TIME				LOCATION						
STREET AND DIRECTION OF TRAVEL				SPEED OF TRAVEL						
							OTLIEB VELIICI E			
IF TWO VEHICLE ACCIDENT, STREET AND DIRECTION OF OTHER CAR'S TRAVEL  SPEED OF OTHER VEHICLE  SPEED OF OTHER VEHICLE								OTHER VEHICLE		
CONDITION OF WEATHER	CONDITION OF WEATHER CONDITION OF ROA			CONDITION OF			CONDITION OF VISIBIL	/ISIBILITY		
DISTANCE OF OTHER CAR FROM YOU WHEN YOU NOTICED IT				TOTAL NUMBE			TOTAL NUMBER OF PE	R OF PEOPLE IN YOUR VEHICLE		
YOUR DISTANCE FROM THE RIGHT HAND EDGE OF THE ROAD OTHER VEHICLE'S DISTANCE FROM THE RIGHT HAND EDGE OF THE ROAD										
IF TWO VEHICLE ACCIDENT, EXACT POINT OF CONTACT OF YOUR VEHICLE WITH OTHER VEHICLE										
IF TWO VEHICLE ACCIDENT, EXACT POI	NT OF C	ONTACT OF YC	OUR VEHIC	LE WITH	OTHE	X VEHIC	JLE			
IF TWO VEHICLE ACCIDENT, EXACT POI	NT OF C	ONTACT OF OT	HER VEH	ICLE WIT	H YOU	R VEHIC	CLE			
WERE AUTHORITIES NOTIFIED OF THE ACCIDENT				IF YES, DATE AND TIME						
DID YOU VIOLATE ANY TRAFFIC LAWS?				DID THE OTHER DRIVER?						
WERE CHARGES MADE? AGAINST WH			CH PART	H PARTY?			WHAT CHARGES?	WHAT CHARGES?		
IF FAULTY CONDITION OF EITHER VEHICLE CAUSED ACCIDENT, EXPLAIN										
NAMES AND CONTACT INFORMATION OF WITNESSES										
INJURY DETAILS SUSTAINED BY ANY PERSONS INVOLVED										

ADDITIONAL INFORMATION		
NAMES AND PHONE NUMBERS OF ANY	OCCUPANTS IN YOUR VEHICLE	
DESCRIBE THE ACCIDENT IN DETAIL, S'	TATING IN YOUR OPINION WHO WAS TO BLAME, V DURING OR AFTER THE ACCIDENT (USE AS MAN	WHY THEY WERE AT FAULT, AND ANY OTHER DETAILS  IY LINES AS NEEDED)
OK CONVERGATIONS THAT COCCARED	PORTING ON ALL THE MODIBLIAN (COL NO WINK	TENED NO NEEDED)
CONTACT INFORMATION		
PHONE NUMBER	BEST TIME TO CONTACT	WHERE TO CONTACT
LIST ANY ADDITIONAL INFORMATION RE	ELEVANT TO THIS REPORT	