

ACCIDENT INFORMATION

Accident Details

Date: _____ Time: _____ Day Night
Location: _____

Road conditions: Wet Dry
Visibility: Clear Overcast Raining

Other Driver's Details

Name: _____

Address: _____

Telephone number: _____

Licence number: _____ State: _____

Vehicle make: _____ Model: _____

Vehicle registration number: _____

Insurance company: _____

If Applicable:

Witness 1 Details

Name: _____

Address: _____

Telephone number: _____

Witness 2 Details

Name: _____

Address: _____

Telephone number: _____

What to do next

- Step 1: Do not admit liability.
- Step 2: Notify police if required by State Law.
- Step 3: Contact your roadside assistance provider who will be able to arrange towing of your vehicle.

Please detach this section and hand to the other driver.

Your Details

Name: _____

Address: _____

Telephone number: _____

Licence number: _____ State: _____

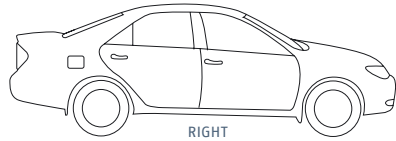
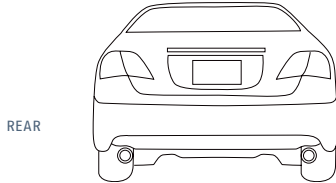
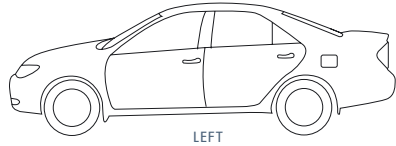
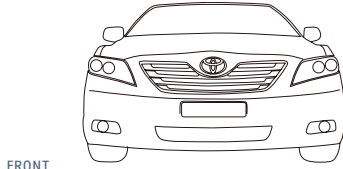
Vehicle make: _____ Model: _____

Vehicle registration number: _____

Insurance company: _____

Vehicle Damage

Mark with an 'x' on this diagram the location of any damage to your vehicle.

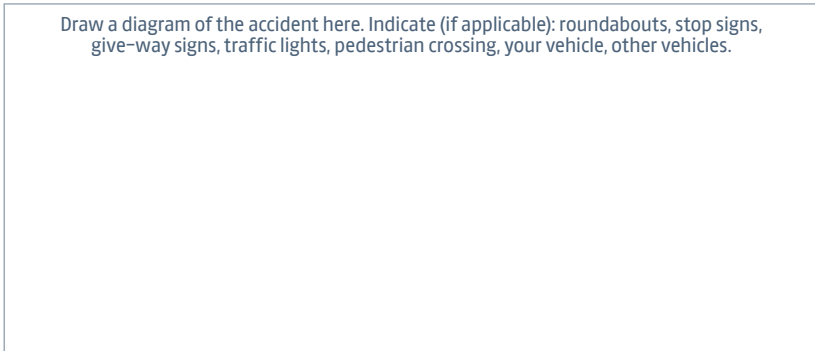


List damage to your vehicle

List damage to the other vehicle (if applicable)

Accident Diagram

Draw a diagram of the accident here. Indicate (if applicable): roundabouts, stop signs, give-way signs, traffic lights, pedestrian crossing, your vehicle, other vehicles.



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 **TOYOTA FLEET MANAGEMENT**

Here for you