

# 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.

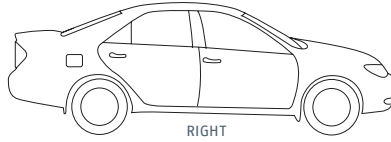
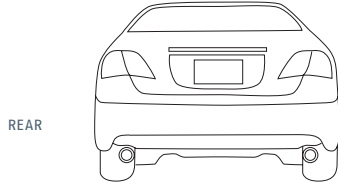
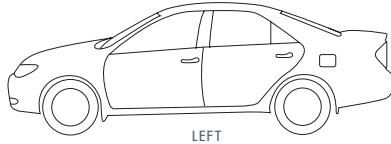
Please detach this section and hand to the other driver.

## 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

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List damage to the other vehicle (if applicable)

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## 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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