

AUTO ACCIDENT INFORMATION FORM

HAVE YOU BEEN INJURED? FREE FIRST VISIT

Use The Following Form To Record Accident Information

The Other Driver and His or Her Car:

Name _____
 Street address _____
 City _____ State _____ Zip _____
 Vehicle registration/year/license number _____
 Make/model of car _____ Year _____
 Does driver appear to have been drinking or using drugs? _____
 Any statements made by other driver: _____

Location of point of impact in relation to center of road or some physical object _____
 Did your car skid? _____ If so, how many feet? _____
 Did other car skid? _____ If so, how many feet? _____
 Road conditions _____
 Traffic conditions _____
 Weather conditions _____
 Traffic controls (traffic lights, stop signs, etc.) _____

Names and Addresses of Passengers in Other Car:

Name _____
 Address _____
 Name _____
 Address _____

All Possible Witnesses:

Name _____
 Address _____
 Name _____
 Address _____

Conditions Immediately after the Accident:

Position of your car after accident _____
 Position of other car after accident _____
 Location of any tire marks, auto debris, glass, dirt, etc. on road or side of road _____

 Place of impact on other car _____
 Name/address of wrecker that towed other car _____

 Other conditions that affected accident _____

The following should be filled out at scene or shortly after leaving the scene.

Date of accident _____ Time _____
 Location of accident _____
 Type of road (grade, curve, etc.) _____
 Speed of your car before accident _____
 Speed of other car before accident _____
 Direction of your car _____
 Direction of other car _____
 Were you turning? _____
 Was other driver turning? _____
 Did the other driver signal properly (with arm, horn, lights, etc.)? _____
 If at night, were other vehicle's lights on? _____
 How far away from you was the other car when you first saw it? _____
 Other relevant facts _____

**24 Years
Experience
Licensed In
SC & NC**

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