**Car Accident Statement Form**

**Personal and Vehicle Information**

* **Name of Driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Vehicle Year, Make, Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **License Plate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accident Details**

| **Incident Description** | **Driver’s Statement** | **Witness Statement** | **Officer’s Notes** |
| --- | --- | --- | --- |
| **Location** |  |  |  |
| **Time of Incident** |  |  |  |
| **Speed Before Accident** |  |  |  |
| **Traffic Control (Lights, Signs)** |  |  |  |
| **Vehicle Damage** |  |  |  |
| **Injuries Reported** |  |  |  |
| **Road & Weather Conditions** |  |  |  |
| **Contributing Factors** |  |  |  |

**Diagram of the Accident  
 (Draw a simple diagram showing the position of vehicles and direction of movement)**

**Additional Notes**

* **Provide any extra details about the accident:**

**Insurance Details**

* **Name of Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration  
 I declare that the information provided in this statement is true and accurate to the best of my knowledge.**

* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

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