

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:** _____