

# Motor Vehicle Accident Statement Form

## Incident Details

- Date of Accident: \_\_\_\_\_
- Time of Accident: \_\_\_\_\_
- Location: \_\_\_\_\_
- Road Conditions (Wet, Dry, Icy, Other): \_\_\_\_\_
- Weather Conditions (Sunny, Rainy, Foggy, Snowy, Other):  
\_\_\_\_\_

## Involved Parties

- Driver's Name: \_\_\_\_\_
- Driver's License Number: \_\_\_\_\_
- Vehicle Make & Model: \_\_\_\_\_
- License Plate Number: \_\_\_\_\_
- Insurance Company & Policy Number: \_\_\_\_\_

## Accident Description

- Describe how the accident occurred in detail:

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## Witness Information

- Witness Name: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

- **Address:** \_\_\_\_\_

- **Statement:**

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### Police and Emergency Response

- **Was Law Enforcement Notified?**  Yes  No

- **Officer's Name:** \_\_\_\_\_

- **Report Number (if available):** \_\_\_\_\_

- **Was Medical Assistance Required?**  Yes  No

### Signatures

- **Driver's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- **Witness's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_