

ACCIDENT INFORMATION FORM

Fill out this form at the scene of the accident

THE OTHER DRIVER AND HIS CAR

Name of the other driver: _____

Street Address: _____

City: _____ Zip: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Car License plate number: _____

Make and type of car: _____ Year: _____

Driver's license number of other driver: _____

INSURANCE INFORMATION: _____

Has he apparently been drinking: ☐ Yes ☐ No

Any verbal statement made by other drive as to cause of the accident: _____

CONDITIONS TO NOTE IMMEDIATELY FOLLOWING THE ACCIDENT

Date of accident: _____ Time: _____

Location of accident: _____

Type of road (Intersection, Curve, Etc.): _____

Position of your car after the accident: _____

Location of any tire marks, glass, dirt, etc. _____

Did any car skid? ☐ Yes ☐ No How many feet? _____

Road Conditions _____ Lights on? _____

Traffic conditions _____ Weather _____

Traffic controls (traffic lights, stop signs, etc) _____

Location of impact with other car _____

NAMES AND ADDRESSES OF ALL POSSIBLE WITNESSES

Name _____

Address _____

Cell Phone _____

Home Phone _____

Work Phone _____

Name _____

Address _____

Cell Phone _____

Home Phone _____

Work Phone _____

DRAW A DIAGRAM OF THE ACCIDENT SCENE

SHAWN STEEL & ASSOCIATES

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WHAT TO
DO IF YOU
HAVE A
**TRAFFIC
ACCIDENT**