



**ACCIDENT DETAILS**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Weather: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Did the Police attend? Yes  No  If yes, Name and Number \_\_\_\_\_

Was accident reported to Police? Yes  No

If "Yes", state: Station, Officers Name, Number & Date Reported \_\_\_\_\_

Were you served with a Notice of intended Prosecution? Yes   No If Yes, provide copy of same

**ACCIDENT DESCRIPTION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACCIDENT SKETCH**

\_\_\_\_\_

**WITNESSES ( Not Passengers in your vehicle)**

Name:

Phone No:

Employer:

_____	_____	_____
_____	_____	_____
_____	_____	_____

**INJURIES**

Name:

Age:

Nature of Injury:

_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby declare that the contents of this statement are true and correct.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver Signature: \_\_\_\_\_