

Please explain how your accident happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you driving?    Yes                  No

Any passengers?    Yes                  No    Front    Back    Right Side    Left Side

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Seat belts on?    Yes    No                          Shoulder harness on?    Yes    No

Did your accident occur in:    Daylight    Night    Dusk    Dawn

Were you tired?    Yes    No                          Were you awake?    Yes    No

How long had you been in the car? \_\_\_\_\_

Where were you prior to the accident? \_\_\_\_\_

What were the weather conditions? \_\_\_\_\_

What was the posted speed limit? \_\_\_\_\_ How fast were you going? \_\_\_\_\_

Type of road:    Two Lanes    Four Lanes    Gravel    Tar

Did it happen at a:    Stop Sign    Traffic Light    Intersection

Was your car hit?    Front    Back    Left Side    Right Side

Was your car damaged?    Yes    No                  Inside    Outside

If you struck another car, did you strike it in the:    Front    Back    Side