

**VITAL INFORMATION**

DATE \_\_\_\_\_ TIME \_\_\_\_\_  AM  PM

LIGHT:	WEATHER:	STREET:
<input type="checkbox"/> DAYLIGHT	<input type="checkbox"/> CLEAR	<input type="checkbox"/> WET
<input type="checkbox"/> DUSK	<input type="checkbox"/> RAINY	<input type="checkbox"/> DRY
<input type="checkbox"/> DARK	<input type="checkbox"/> SNOW	<input type="checkbox"/> ICE

**OTHER DRIVER:**

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_

MAKE, MODEL OF VEHICLE \_\_\_\_\_

LICENSE PLATE \_\_\_\_\_ VEHICLE ID NO. \_\_\_\_\_

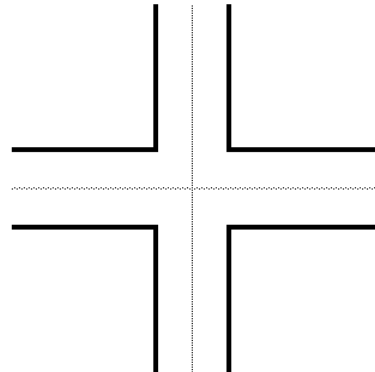
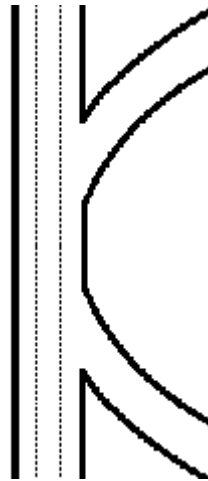
**INSURANCE INFORMATION:**

INSURANCE CO. \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

AGENT \_\_\_\_\_

TELEPHONE \_\_\_\_\_



**DESCRIPTION OF ACCIDENT:**

\_\_\_\_\_

\_\_\_\_\_

**OTHER DRIVER'S STATEMENT:**

\_\_\_\_\_

\_\_\_\_\_

**LOCATION OF ACCIDENT**

POSTED SPEED LIMIT: \_\_\_\_\_ M.P.H.

**SIGNALS:**

TRAFFIC LIGHT  YIELD SIGN

STOP SIGN  NONE

**OTHER FACTORS:**

IGNORED TRAFFIC SIGNAL

ALCOHOL ON BREATH

APPARENT SPEEDING

TURNED OR MOVED WITHOUT SIGNAL

FAILED TO YIELD RIGHT OF WAY

FAILED TO LOOK

FOLLOWING TOO CLOSE

**[WITNESS 1]:** NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**[WITNESS 2]:** NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**POLICE OFFICER:**

NAME \_\_\_\_\_

BADGE NUMBER: \_\_\_\_\_ POLICE REPT. NO.: \_\_\_\_\_

**What Next? We have decades of combined experience, protecting clients injured in automobile collisions. For a FREE CONSULTATION, call 214-265-9500, or email [stuart@stuartglass.org](mailto:stuart@stuartglass.org).**