

**VITAL INFORMATION**

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

| 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. \_\_\_\_\_

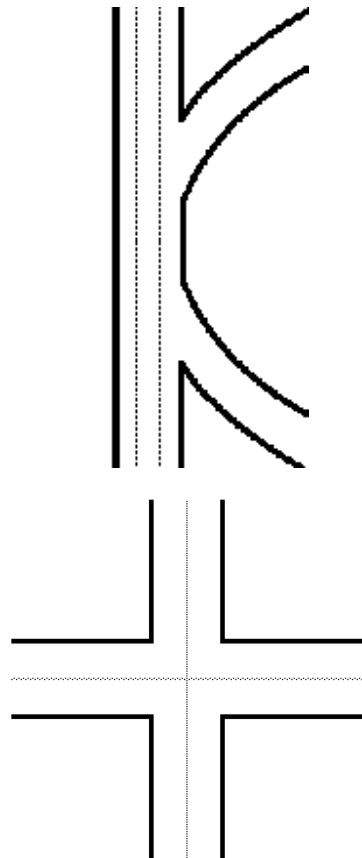
**INSURANCE INFORMATION:**

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 214-363-7500, or email stuart@stuartglass.org.**