

Accident Form

Print this form and keep it in your car, and if you're in an accident, fill it out completely and bring it to Panter, Panter & Sampedro.

The Other Driver

Name: _____

Address: _____

Phone: _____

VIN #: _____

License #: _____

Car Tag #: _____

Make / Model: _____

Color / Year: _____

Insurance Co.: _____

Witness and Passenger Information

1.

Name _____

Address _____

Phone _____

2.

Name _____

Address _____

Phone _____

3.

Name _____

Address _____

Phone _____

Other Important Information

Date of accident: _____

Time of accident: _____

Location of accident: _____

Tickets issued? _____

Was the other driver drinking? _____

Was the other driver speeding? _____

Road conditions: _____

Weather conditions: _____

Damage to your vehicle: _____

Damage to other vehicle: _____

Wrecker service: _____

Was anyone turning? _____

Did other driver fail to signal? _____

Accident Diagram

1. Draw location of vehicles.
2. Indicate traffic signals, stop signs, yield signs, and obstructions
3. Show skid marks and debris positions.
4. Indicate travel paths.