

## DRIVING A CAR

### **SAMPLE DOCUMENT: Information to Obtain From the Other Driver When You Have Been in an Accident.**

If you are involved in a car accident, you may or may not be physically injured, and you may be shaken up. If you are conscious and capable of meaningful conversation, you should try to talk to the other participants in the accident in order to make sure that they are okay and to make sure that you have necessary information from them. While the police who arrive on the scene may obtain this information as well, it does not hurt to obtain your own version of the essential information from the other parties. Keeping a copy of the following document in your glove compartment might be a good way of making sure that you obtain all the facts you will probably need.

#### **DATE & LOCATION INFORMATION**

Date: \_\_\_\_\_

Time: \_\_\_\_\_ (Approximate? *Yes/No*)

Location: \_\_\_\_\_

Nearest Mile Marker or Major Intersection: \_\_\_\_\_

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#### **PARTY INFORMATION**

**Driver/Pedestrian I:** \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone Number: \_\_\_\_\_

Make/Model/Color of Car: \_\_\_\_\_

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License Plate Number: \_\_\_\_\_

Drivers' License Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Passenger Information (name/address/telephone number): \_\_\_\_\_

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**Driver/Pedestrian II:** \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone Number: \_\_\_\_\_

Make/Model/Color of Car: \_\_\_\_\_

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License Plate Number: \_\_\_\_\_

Drivers' License Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Passenger Information (name/address/telephone number): \_\_\_\_\_

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**Driver/Pedestrian III:** \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone Number: \_\_\_\_\_

Make/Model/Color of Car: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License Plate Number: \_\_\_\_\_

Drivers' License Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Passenger Information (name/address/telephone number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESS INFORMATION**

**Witness I:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Location at Time of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of What Witness Saw: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness II:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Location at Time of Accident: \_\_\_\_\_

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Description of What Witness Saw: \_\_\_\_\_

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**Witness III:** \_\_\_\_\_

Address: \_\_\_\_\_

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Telephone Number: \_\_\_\_\_

Location at Time of Accident: \_\_\_\_\_

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Description of What Witness Saw: \_\_\_\_\_

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