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ACCIDENT SCENE FORM

**KEEP THIS IN YOUR CAR AND
FILL OUT AT THE SCENE OF THE ACCIDENT**

OTHER DRIVER

Name _____

Address _____

City _____ State _____ ZipCode _____

Telephone Number(s) _____

Vehicle License Number _____ Make _____ Model _____

Driver's License Number _____ State _____

Restrictions on driver's
license _____

Appear to be under the influence of alcohol or drugs? _____

Injured? _____

Statements about the cause of the accident? (describe) _____

OTHER DRIVER'S INSURANCE INFORMATION

Insurance Company _____

Policy Number _____

Agent _____ Telephone _____

NAME, ADDRESS AND TELEPHONE NUMBER OF ALL WITNESSES

Name _____

Address _____

Telephone _____

What happened? (describe) _____

Name _____

Address _____

Telephone _____

What happened? (describe) _____

Name _____

Address _____

Telephone _____

What happened? (describe) _____

NAMES AND ADDRESS OF ALL PASSENGERS/PEDESTRIANS

Name _____

Address _____

Telephone _____

Where sitting? _____

Injured? (describe) _____

Name _____

Address _____

Telephone _____

Where sitting? _____

Injured? (describe) _____

Name _____

Address _____

Telephone _____

Where sitting? _____

Injured? (describe) _____

ACCIDENT INFORMATION

Date _____ Time _____

Location _____ Speed Limit _____

Either Driver turning? _____

Direction: Your car _____ Other Car _____

Traffic signs: Your Car _____ Other Car _____

Traffic signals: Your Car _____ Other Car _____

Headlights on: Your Car _____ Other Car _____

Skidding (#of feet): Your Car _____ Other Car _____

Place of Impact: Your Car _____ Other Car _____

Towed: Your Car _____ Other Car _____

Police Department (City/County/Highway Patrol) _____

Telephone No. _____ Police Report No. _____

Police Officer _____ DSN/Badge No. _____

Describe Accident _____

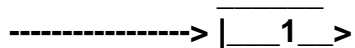
Describe Your Injuries _____

Unusual Circumstances _____

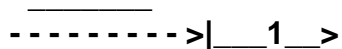
SCENE DIAGRAM

Use the outlines and one of the diagrams below to depict where and how the accident happened. Write in the street names, crosswalks and any traffic signs and signals, show the direction of each involved car and any other pertinent details.

Draw each vehicle, place a number on each, and show the place and use a solid line arrow to show the direction each was traveling before the accident.



If either car continued moving after the accident, show that vehicle's path with a broken line



Use a solid line with an O on the end to show the location of a pedestrian



