



520.795.0075

3810 E. 22nd Street · Tucson, AZ 85713
www.danspaintandbody.com

ACCIDENT INFORMATION

(Page 1 of 2)

Date: _____ Time: _____ am pm

Weather Conditions: _____

Road Conditions: _____

WAS YOUR VEHICLE

- Stopped in traffic _____
- Moving _____
- Legally parked _____

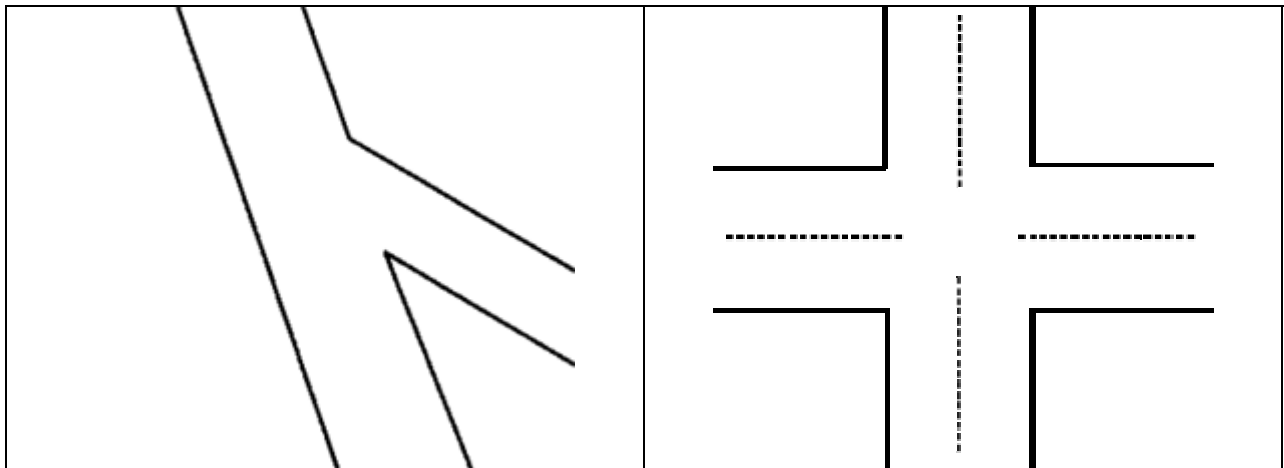
WAS THE OTHER VEHICLE

- Stopped in traffic _____
- Moving _____
- Legally parked _____

INJURIES

- Driver: _____
- Passenger: _____
- Pedestrian: _____
- In your vehicle: _____
- In the other vehicle: _____

Use these diagrams to help you draw the accident scene.





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ACCIDENT INFORMATION
(Page 2 of 2)

WITNESS

Name: _____
Address: _____
Phone #: _____

WITNESS

Name: _____
Address: _____
Phone #: _____

THE OTHER DRIVER'S INFORMATION

Name: _____
Address: _____
Phone #: _____
Driver's License #: _____
State: _____ Expires: _____ DOB: _____
Vehicle License Plate #: _____
Vehicle Make: _____
Model: _____
Vehicle Identification # (VIN): _____
Their Insurance Company's Name: _____
Their Policy # : _____
A General Description of Damage to Their Vehicle : _____

