

# PERSONAL INJURY CASE INFORMATION FORM

## Please obtain the following information:

Date of the Accident \_\_\_\_\_ Time \_\_\_\_\_

Place: Street \_\_\_\_\_ City \_\_\_\_\_

Direction of travel \_\_\_\_\_

Which side of the road? \_\_\_\_\_

At intersection with \_\_\_\_\_

Traffic controls functioning? \_\_\_\_\_

Weather \_\_\_\_\_

Roadway surface \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Driver's name \_\_\_\_\_

Driver's address \_\_\_\_\_

Driver's License \_\_\_\_\_ Tel \_\_\_\_\_

## Witness and Officer:

Officer name \_\_\_\_\_ Number \_\_\_\_\_

Witness name \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Witness name \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Witness name \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## Personal Injury

Name of person injured \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

Hospital \_\_\_\_\_ Doctor \_\_\_\_\_

Name of person injured \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

Hospital \_\_\_\_\_ Doctor \_\_\_\_\_

## Property damage

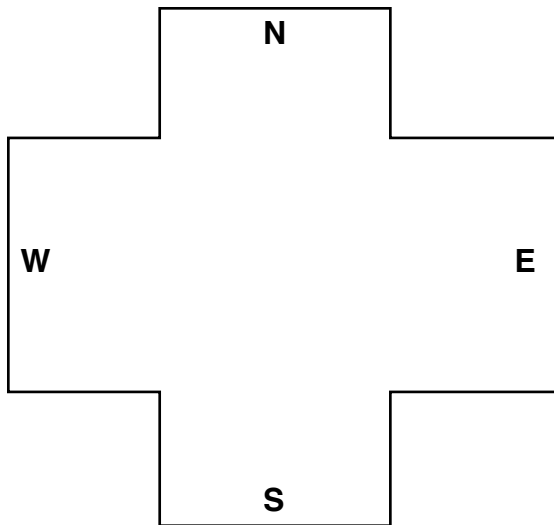
Owner of the property \_\_\_\_\_

Driver's license no. \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

Description of damage \_\_\_\_\_

## Accident scene sketch



Indicate the point of impact, direction of each vehicle involved in the accident, name of the street, and center line.

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