

# STATEMENT GUIDE

## VEHICLE ACCIDENT - CLAIMANT DRIVER

### Opening

This is (name of adjuster) conducting a recorded interview ("in person" or "by telephone") with (name of person being interviewed) on (date of interview) concerning an incident which took place on (date of incident) at (location of incident).

### Permission

1. Do you understand that this interview is being recorded?
2. Is it being recorded with your permission?

### Identification

1. Would you state your full name, and spell your last name, please?
2. What is your date of birth?
3. What is your social security number?
4. What is your home address?
5. What is your home, cell, and work telephone numbers?
6. What is your marital status?
  - What is your spouse's name?

### Employment

1. Where are you employed?
2. Who is your supervisor?
3. How long have you worked there?
4. What is the nature of your job?

### Driver's License Info

1. What is your driver's license number?
2. Are there any restrictions on your license?
  - If yes, what type?
3. Are you on any type of medication?
  - If yes, what type?
4. Were you wearing glasses at the time of the accident?
  - If yes, what type of glasses were they. (Prescription, reading, sunglasses, etc)

# **STATEMENT GUIDE**

## **VEHICLE ACCIDENT - CLAIMANT DRIVER**

### **Accident Date, Location, Weather & Road Conditions**

1. What was the date and time of the accident?
2. What were the weather conditions?
  - Were the windshield wipers on? (Raining)
  - Were the headlights on? (Raining, dark or night)
3. Exactly where did the accident occur?
4. On what street or road were you traveling?
  - Which direction were you traveling?
  - Which lane were you in?
  - Was it straight or curved?
  - Was it a two-lane, four-lane, or other type?
  - Was it a one-way or two-way road?
  - Was it concrete, brick, asphalt, dirt or gravel?
  - What was the posted speed limit for your lane of travel?
5. On what street or road was the other vehicle?
  - Which direction was the other vehicle traveling?
  - Which lane was it in?
  - Was it straight or curved?
  - Was it a two-lane, four-lane, or other type?
  - Was it a one-way or two-way road?
  - Was it concrete, brick, asphalt, dirt or gravel?
  - What was the posted speed limit for the other vehicle's lane of travel?
6. Were there any traffic controls (stop sign, traffic light, etc) where this accident took place?
  - What type of traffic control did you have?
  - What type of traffic control did the other vehicle have?
7. Describe any conditions or objects which may have obstructed your view.
8. Describe any objects which may have obstructed the other driver's view.

### **Vehicle Owners / Drivers**

1. What kind of vehicle were you driving at the time of the accident?
  - Year
  - Make
  - Model
2. Who is the titled owner of the vehicle?
  - What is their address and telephone number?

## **STATEMENT GUIDE**

### **VEHICLE ACCIDENT - CLAIMANT DRIVER**

3. What company insures that vehicle?
  - What is the policy number?
  - What is the name and phone number of the agent responsible for that policy?
4. What kind of vehicle was the other person driving at the time of the accident?
  - What is the year, make, and model of the vehicle?
5. Who is the titled owner of that vehicle?
  - What is their address and telephone number?
6. What was the purpose of their trip?

#### **Speed**

1. How far away from the other vehicle were you when you first observed it?
2. How fast was it traveling at that time?
3. How fast was it traveling at time of impact?
4. What was your speed when you first saw the other vehicle?
5. What was your speed at the time of impact?
6. Have you traveled this area before?
  - Are you familiar with this area?

#### **Accident Details**

1. Describe to me what happened prior to and during the accident.
2. What effort did you make to avoid the accident?
3. What effort did the other driver make to avoid the accident?
4. What was the position of the two vehicles just prior to impact?
5. What was their respective position at the time of impact?
  - Describe the impact and points of contact.
6. What was the position of each vehicle after the collision?
7. Was anything else struck by either vehicle after the initial impact?
8. Were there any visible skid marks on the street or road surface?
  - Did anyone measure them?
    - Who measured them?
    - How long were the marks?

# **STATEMENT GUIDE**

## **VEHICLE ACCIDENT - CLAIMANT DRIVER**

### **Vehicle Damage**

1. Describe the damage to your vehicle.
2. Describe the damage to the other vehicle.

### **Seat Belts**

1. Was your vehicle equipped with seat belts?
  - Was your seat belt fastened?
2. Was the other vehicle equipped with seat belts?
  - Did the other driver have his/her seat belt fastened?

### **Alcohol**

1. Had you been drinking any alcoholic beverages prior to the accident?
  - Where did you drink the alcohol?
  - How much alcohol did you consume?
  - Where was it purchased?
  - Who purchased it?
2. Was there any indication that the other driver had been drinking? (if so what?)

### **Passengers**

1. Did you have any passengers in your vehicle?
  - What are their names, ages, addresses and telephone numbers?
  - Where were they seated in the vehicle?
2. Were there any passengers in the other vehicle?
  - What are their names, ages, addresses and telephone numbers?
  - Where were they seated in the vehicle?

### **Witnesses**

1. Were there any witnesses to this accident?
  - What are their names, ages, addresses and telephone numbers?
2. Where were they located when they saw the accident?

# STATEMENT GUIDE

## VEHICLE ACCIDENT - CLAIMANT DRIVER

### Police Investigation / Post Accident Discussions

1. Who investigated the accident? (City police, sheriff, or state patrol)
2. Did either driver receive a citation?
3. What was the outcome?
4. Did you overhear any conversation between the police officer and the other driver?
  - What was said in each conversation?
5. Did you have any conversation with the other drivers, passengers or witnesses?
  - What was said in each conversation?

### Injuries & Lost Wages

1. Were you injured in this accident?
  - What type of injury did you sustain?
  - Were you treated in a hospital?
    - Which hospital? Where?
    - How long were you confined?
  - What doctor is treating you for your injuries?
  - Have you recovered from the injuries which you sustained?
  - Describe any expenses or losses you incurred as a result of your injuries?
  - Were you required to lose time from your employment?
    - For what period of time?
      - What is your employment salary or hourly wage?
      - How often are you paid (weekly, bi-weekly, bi-monthly)?
2. Was anyone else injured in this accident?
  - Who was injured?
  - What type of injuries did they have?
  - Were they treated in a hospital?
    - Which hospital? Where?
    - How long were they confined?
  - What doctor is treating them for their injuries?
  - Have they recovered from their injuries?
  - Were they required to lose time from their employment?
    - For what period of time?

# STATEMENT GUIDE

## VEHICLE ACCIDENT - CLAIMANT DRIVER

### Previous Accidents

1. Have you ever been involved in any other auto accident?
  - Explain the details of the accident.
    - When did it occur?
    - Where did it occur?
  - Who was at fault for the accident?
  - Were you injured?
    - What type of injury did you receive?
    - How long were you out of work?
2. Have you ever been involved in any accident at work?
  - Explain the details of the accident.
    - When did it occur?
    - Where did it occur?
  - Were you injured?
    - What type of injury did you receive?
    - How long were you out of work?

### Closing

1. Is there anything you would like to add regarding this accident?
2. Have you understood all of the questions asked?
3. Is all of the information that you have given true to the best of your knowledge?
4. Do you understand that this interview has been recorded?
5. Was it recorded with your permission?

Thank you. This concludes our interview.