

PASSENGER'S STATEMENT

Name: _____ Address: _____

Occupation: _____ Employed by: _____

Age: _____ Driving Experience: _____

Date of accident: _____ Hour _____ Day or night? _____

Location of accident: _____

Vehicle Year, Make, and Model (that you were in): _____

Was the vehicle in good operating order at time of accident? _____

Owner's Name/Address: _____

Driver's Name/Address: _____

Other Passengers in Vehicle (Names & Addresses): _____

Injured Persons in Vehicle (Names & Specific Injuries): _____

In which seat were you riding? _____

Were you injured? _____ What are your injuries? _____

Name/Address of the Physician who is treating you: _____

Street/highway on which your vehicle was traveling: _____ Speed: _____ Direction: _____

Street/highway on which other vehicle was traveling: _____ Speed: _____ Direction: _____

Weather Conditions: _____ Road Conditions: _____

How far (feet) did your vehicle travel after impact? _____ Other car? _____

Did you see the other vehicle before the impact? _____

If so, how far (feet) was it from you when you first saw it? _____

Which side and what part of your vehicle came into contact with other car? _____

Which side and what part of other vehicle came into contact with your vehicle? _____

What did your driver do to avoid the accident? _____

What did you do? _____

Was your vehicle on its proper side of the roadway? _____ Was other vehicle? _____

If at night, what lights were turned on in your vehicle? _____

If at night, what lights were turned on in the other vehicle? _____

If at an intersection, which vehicle had the right of way? _____

Which vehicle entered the intersection first? _____

What signal, if any, did your driver give? _____ Other driver? _____

Did your driver fail to stop at a stop sign, traffic light or signal? _____ Did other driver? _____

Did your driver violate any traffic law or ordinance? _____ Did other driver? _____

Did anyone involved in the accident appear to have been drinking? _____ Who? _____

Who do you feel was at fault? _____

Why? _____

Names and addresses of witnesses: _____

Signature _____ Date: _____