



MOTOR VEHICLE ACCIDENT REPORT
DRIVER INFORMATION SHEET

Logistics, Inc.

- 1. Date of accident _____
- 2. Time of accident _____ AM/PM
- 3. City and State where accident occurred _____, _____
- 4. EXACT LOCATION WHERE ACCIDENT OCCURRED

Nearest Intersection _____

Mile Marker _____

Direction of travel (All vehicles) _____

If private property describe the facility _____

- 5. EXACT DESCRIPTION OF THE EVENT

Your vehicle is always vehicle number one, describe events concerning the collision

- 6. OFFICER'S INFORMATION

Officer's name and badge number _____ / _____

Is the officer local or state trooper? _____

Where is the officer from? _____

Accident Report Number _____

Phone number for the station _____

- 7. IF CITATIONS ISSUED

To Whom? _____

What are the charges? _____



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8. OTHER VEHICLE AND DRIVER

Full name of the vehicle owner _____

Address of the owner _____

License Number _____

Year/Make/Model of vehicle _____

Home phone _____ Work phone _____

Full name of the driver _____

Address of the driver _____

State and License Number _____

Home phone _____ Work phone _____

Insurance Company and Number _____

9. WITNESSES

Names and Phone Numbers

_____	_____
_____	_____
_____	_____
_____	_____

10. INJURIES

Identify ALL injured persons _____

Were they treated at the scene and released? _____

Were they removed by an ambulance? _____

Name of ambulance service and hospital _____

11. POINTS OF IMPACT

Your vehicle _____

Other vehicle _____

Damage to your vehicle _____



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Damage to other vehicle _____

12. ROAD AND WEATHER CONDITIONS

CLEAR RAINING FOGGY SNOWING OTHER: _____

DRY WET ICE OTHER: _____

DAYLIGHT DARK DAWN ARTIFICIAL LIGHT OTHER: _____

Number of lanes both directions _____

What was your traveling speed? _____

What do you think the other vehicle's speed was? _____

ROAD: STRAIGHT LEVEL HILL CURVE OTHER: _____

13. OTHER

Were you wearing a seat belt? _____ Other driver? _____

Were there any mechanical defects that may have caused this event? _____

Were any vehicles towed from the scene? If yes, towed where? _____

In your own words, give a complete description of the accident. Tell us what happened and what you were doing just prior to the accident happening, and what actions were immediately taken after the accident. Be specific, use additional paper if necessary.

Driver's Printed Name

Driver's Signature

Date