

Accident Details

This form will assist you in obtaining information about the other vehicle involved in the accident

Other Driver's Name:

Other Driver's Address:

..... Postcode:

Other Driver's Vehicle: Reg. No.

Other Driver's Licence No.: Phone:

State: Date of Birth:

Other Driver's Insurance Company:

.....

Was your car driveable Yes No Details:

.....

.....

Towing Firm:

Address:

.....

Phone:

Police Officer's Name: Badge No.:

Station: Phone:

Witness Name: Phone:

Witness Name: Phone:

Your vehicle is stored at:

.....

..... Phone:

Accident Details

Date: / / Time: AM/PM Location:

Road Conditions: Dry Wet Other:

Weather Conditions: Fine Wet Foggy Other:

Light Conditions: Excellent Good Dull Night

Other Factors:

Details of Traffic Lights Give Way/Stop Sign

Traffic Controls: Rail Crossing Pedestrian/School Crossing

*(illustrated
in map below)*

Roundabout Other

What signal was given by the other driver:.....

What signal was given by you:.....

Your Estimated Speed: km/h Speed limit: km/h

Other Driver's Estimated Speed: km/h

Estimated distance that you first saw the other vehicle: metres

Accident description/Details of damage to your vehicle:

Draw an Accident Diagram in this space below.

Plan Symbols:

- Persons.
- Your Vehicle.
- Other Vehicle.
- * Point of impact

Show:

- Direction of travel indicated by arrow. →
- Traffic Signs.
- Street Names.

