# Information Regarding Accident

<table>
<thead>
<tr>
<th>No. 1 Your Vehicle</th>
<th>No. 2 Other Party (Name)</th>
<th>No. 3 Other Party (Name)</th>
</tr>
</thead>
</table>

1. **If pedestrian, where was he/she (crosswalk, etc.)?**

2. **Road conditions (dry, glare, icy, rain, snow, etc.)? (Gravel, blacktop, etc.)**

3. **At what distance was danger first noticed?**

4. **Speeds at time danger was first noticed?**

5. **Speeds at time of accident?**

6. **What warning signals were given?**

7. **Obstruction to vision (weather and other)?**

8. **Lights on? Wipers on? Windows fogged?**

9. **Had any party been drinking? Who?**

Describe in detail what happened (use additional paper if necessary)

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### Mark Damaged Areas

- **Straight Road**
- **Curve—R or L**
- **Level**
- **Hillcrest**
- **Uphill**
- **Downhill**
- **One Lane**
- **One and One-Half Lane**
- **Two Lane or Four Lane**

**Show on diagram position of each car, vehicle or injured person, indicating by arrow direction of each.**

**Important**
- If street or view was obstructed in any way, indicate where and how; also indicate any street car or tracks and traffic signals or signs.

**Signature (Driver)**

**Date**

**Signature (Supervisor)**

**Date**

Form SF 137 (DOT EF)