

PASSENGER'S STATEMENT OF ACCIDENT

1. My name is _____ Phone # _____
2. My address is _____
3. My age is _____ Married or Single _____ Occupation _____
4. Name of driver of car in which I was riding? _____
5. His (or her) address _____
6. Make of car in which I was riding _____ Body _____
7. Date of accident _____ Time _____
8. Place of accident (town and streets) _____
9. Was car in which you were riding on proper side of street or road? _____
10. Did driver of car in which you were riding do everything possible to avoid the accident? _____
11. What did he do to avoid it? _____
12. Give speed of car in which you were riding (M.P.H.) _____ Other car (M.P.H.) _____
13. Give make of other car (or cars) _____
14. If another car involved, was other driver at fault? _____
15. Was other driver negligent or careless? _____
17. Were the police called? _____ Did they come to the scene of accident? _____
18. Was anyone arrested? _____ Who? _____
19. What were the charges? _____
20. Was any liquor involved in the accident? _____ Was anyone intoxicated? _____
21. Who was intoxicated? _____
22. Did either driver admit blame? _____ Who? _____
23. Where were you going? _____
24. On business or pleasure? _____
25. Whose business or pleasure? _____
26. Have you ridden with driver of your car prior to date of this accident? _____
27. Was driver of the car in which you were riding a careful driver? _____
28. Did you make any complaint about the way in which the car was being driven? _____
29. Did you ask to leave or get out of the car in which you were riding, prior to the accident? _____
30. Was driver of car in which you were riding, careless or negligent? _____
31. If answer is "yes" in what manner was he careless or negligent? _____
32. If so, why? _____
33. Were you paying for your transportation at time of accident? _____

- 34. What expense, if any, of trip did you share with the owner or driver? _____
 - 35. Are you a member of the family of the driver of the car in which you were riding? _____
 - 36. What is your kinship to the driver of the car in which you were riding? _____
 - 37. Are you employed by the owner or driver of the car in which you were riding? _____
 - 38. Was the automobile in which you were riding in good mechanical condition? _____
 - 39. Did you sustain any personal injuries as a result of this accident? _____
 - 40. Nature of Injuries? _____
 - 41. Were you disabled? _____ Did you go to a doctor? _____
 - 42. Name of doctor _____
 - 43. Address of doctor _____
 - 44. Describe carefully how the accident happened _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Date Signed _____

Signed by _____

Signature witnessed by _____

State of _____)
 County of _____) SS

On this _____ day of _____, 20____, personally appeared before me the above named _____ and made oath that the answers to the above questions and statements are true and that no material fact is withheld.

 Notary Public

 My Commission Expires