

# ROAD ACCIDENT CHECKLIST

Your Name:.....

Date of accident:..... Time of accident:.....

<b>What is the weather like?</b>
<b>What is the road surface like (wet/dry etc)?</b>
<b>Vehicle 1:</b>
Colour:
Make:
Registration Number:
<b>Driver Details</b>
Name:
Address:
Insurers:
Insurance Policy Number:
Are they the owner (if not, owners details needed)?
Was anyone in Vehicle 1 injured?
<b>Vehicle 2:</b>
Colour:
Make:
Registration Number:
<b>Driver Details</b>
Name:
Address:
Insurers:
Insurance Policy Number:
Are they the owner (if not, owners details needed)?
Was anyone in Vehicle 2 injured?
(**If there are more than 2 other vehicles involved use the back of this sheet to record further details)
<b>Where exactly did the accident occur?</b>
Road name (eg. High Street and/or A234):
Is it near a junction with another road (if so, what is the name of the road)?
Are there any public buildings or landmarks nearby that might help identify the location?

**Witness 1**

Name:

Address:

Telephone Number:

Where were they when the accident happened and what did they see?

**Witness 2**

Name:

Address:

Telephone Number:

Where were they when the accident happened and what did they see?

**Witness 3**

Name:

Address:

Telephone Number:

Where were they when the accident happened and what did they see?

**Please draw a sketch plan showing the position of both vehicles before and after the collision**

**Please provide any further information that you consider may be relevant such as the speed the vehicles were travelling (if relevant), the speed limit applicable at the place where the accident occurred and road conditions.**

Signed:..... Dated:.....