

TRAFFIC ACCIDENT SITUATION FORM

IMPORTANT NOTICE

This Form is to be accomplished and signed by the parties involved in a vehicular accident without waiting for the traffic investigator (especially if the vehicles are obstructing the flow of traffic). This Form when accomplished and signed by the parties must be binding upon them and should be recognized by the insurers of the vehicles involved. After the completion of this Form the vehicles involved may be moved and parked where they will not obstruct the flow of traffic.

Date of Accident: _____

Time: _____

Location of Accident: _____

VEHICLES INVOLVED IN ACCIDENT

Vehicle 1

Make/Type/Model: _____

Plate No.: _____

Owner: _____

Address: _____

Driver: _____

Insurance Company: _____

Official Receipt No. _____ Reg. Cert. No. _____ Date _____

Tel. No. _____

License No. _____ O.R. No. _____ Tel. No. _____ Date _____

Policy No. _____

Vehicle 2

Make/Type/Model: _____

Plate No.: _____

Owner: _____

Address: _____

Driver: _____

Insurance Company: _____

Official Receipt No. _____ Reg. Cert. No. _____ Date _____

Tel. No. _____

License No. _____ O.R. No. _____ Tel. No. _____ Date _____

Policy No. _____

Vehicle 3

Make/Type/Model: _____

Plate No.: _____

Owner: _____

Address: _____

Driver: _____

Insurance Company: _____

Official Receipt No. _____ Reg. Cert. No. _____ Date _____

Tel. No. _____

License No. _____ O.R. No. _____ Tel. No. _____ Date _____

Policy No. _____

The Parties agree to the Sketch/Sketches of the accident overleaf.

For Vehicle I _____

Name/Signature

For Vehicle II _____

Name/Signature

For Vehicle III _____

Name/Signature

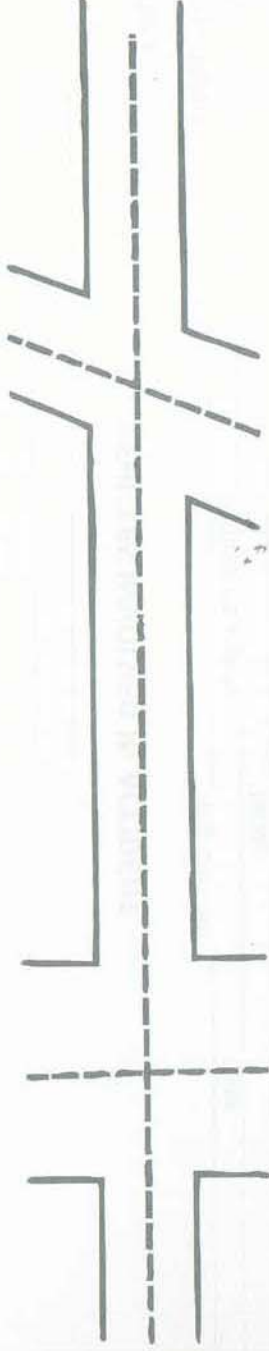
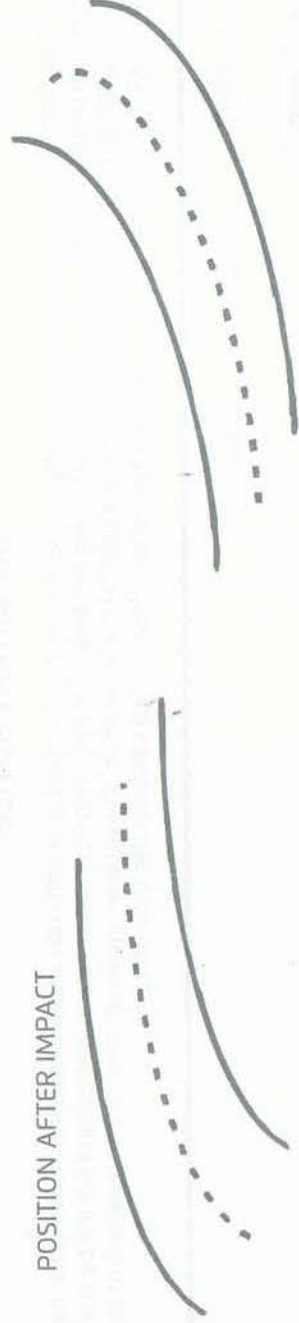
POSITION OF VEHICLES INVOLVED IN ACCIDENT

Date of Accident: _____

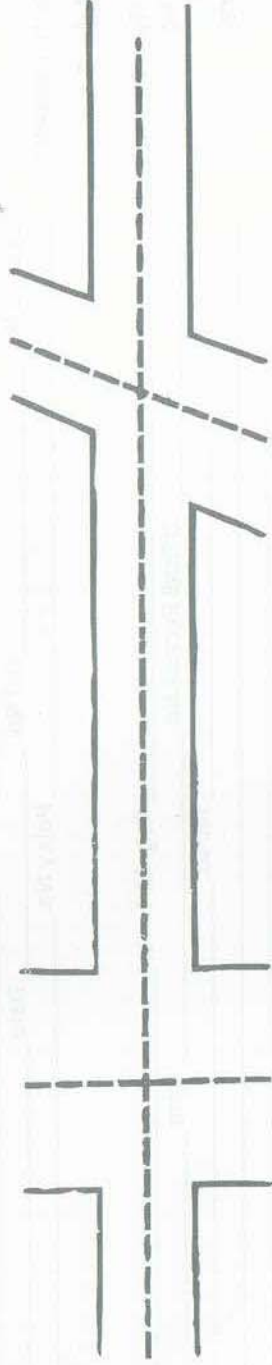
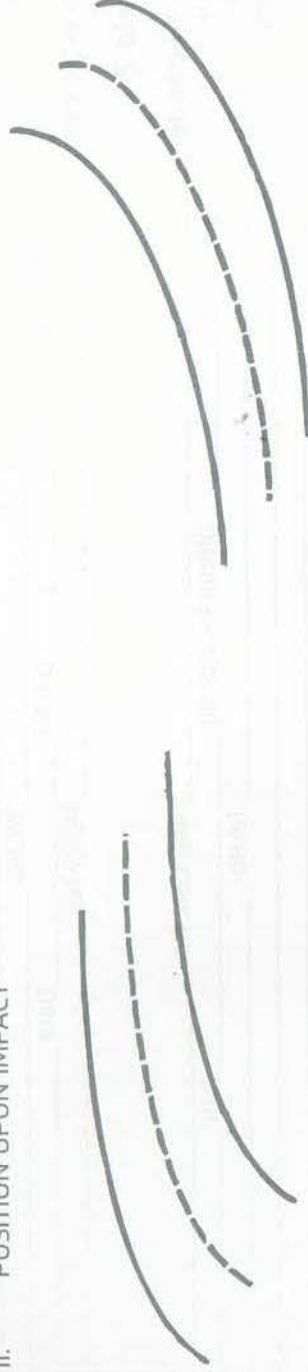
Time: _____

Location of Accident: _____

I. POSITION AFTER IMPACT



II. POSITION UPON IMPACT



III. NARRATION
