

Accident Sketch & Info Gathering Worksheet

Date of Accident

Time of Accident

No. Vehicles involved

Place Accident Occurred, Street, Cross-Streets, Location, City, County

Provide a sketch of the accident

Describe Vehicles & Drivers on Next Page

What happened?	Driver A	Driver B	Driver C
Parked/Stopped			
Leaving a parking space/ opening a vehicle door			
Entering a parking space			
Emerging from a parking space, from private premises			
Entering a parking space, or private premises			
Rear-ending other vehicle in the same lane of traffic travelling same direction			
Travelling in same direction, but a different lane			
Changing Lanes			
Overtaking			
Turning to the right			
Turning to the left			
Reversing			
Ran Stop Sign or Red Light			
Merging onto freeway or street			

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ALEX & GAXIOLA

Accident Injury, Wrongful Death Lawyers

602-971-1775

Investigating Officer(s) Names & Badge Numbers:

Time of police officer(s) arrived at the accident scene

Vehicles in same position or have they been moved when officers arrived?

Driver Information	Driver A	Driver B	Driver C	Witness #1
Driver's Name				Name
Address				Address
City, State, Zip				City, State, Zip
Phone Number				Phone Number
Email				Email
Driver's License Number				Witness #2
Auto License Plate Number				Name
How Many Passengers?				Address
Passenger Names? Ages?				City, State, Zip
Apparent Injuries?				Phone Number
Injuries continued.				Email

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Describe any physical impact you had during the accident (e.g., hitting knee or arm against the door or steering wheel).

Ambulance called for you or anyone else at the scene

Persons removed from the scene by ambulance or other emergency personnel

Driver Information	Driver A	Driver B	Driver C
Driver's Name			
Car Make			
Car Model			
Year			
Registration			
Insurance Company & Phone Number			
Insurance Policy #			
Visible Damage to Vehicle			