

DRIVER'S STATEMENT FORM



THE OHIO STATE UNIVERSITY

YOUR DRIVER AND VEHICLE INFORMATION

DRIVER'S NAME		VEHICLE OWNER'S NAME			
DRIVER'S ADDRESS (STREET, CITY, STATE)					DRIVER'S AGE
DRIVER'S PHONE NUMBER	DRIVER'S LICENSE NUMBER		LICENSE STATE	EXPIRATION	
EMPLOYER		EMPLOYER'S ADDRESS			
VEHICLE'S USE AT TIME OF ACCIDENT					
YEAR, MAKE, MODEL OF VEHICLE		LICENSE PLATE	ESTIMATED DAMAGES TO VEHICLE		

IF TWO VEHICLE ACCIDENT, OTHER DRIVER AND VEHICLE INFORMATION

DRIVER'S NAME		VEHICLE OWNER'S NAME			
DRIVER'S ADDRESS (STREET, CITY, STATE)					DRIVER'S AGE
DRIVER'S PHONE NUMBER	DRIVER'S LICENSE NUMBER		LICENSE STATE	EXPIRATION	
EMPLOYER		EMPLOYER'S ADDRESS			
VEHICLE'S USE AT TIME OF ACCIDENT					
YEAR, MAKE, MODEL OF VEHICLE		LICENSE PLATE	ESTIMATED DAMAGES TO VEHICLE		

ACCIDENT INFORMATION

DATE OF ACCIDENT		TIME	LOCATION		
STREET AND DIRECTION OF TRAVEL				SPEED OF TRAVEL	
IF TWO VEHICLE ACCIDENT, STREET AND DIRECTION OF OTHER CAR'S TRAVEL				SPEED OF OTHER VEHICLE	
CONDITION OF WEATHER		CONDITION OF ROAD		CONDITION OF VISIBILITY	
DISTANCE OF OTHER CAR FROM YOU WHEN YOU NOTICED IT			TOTAL NUMBER OF PEOPLE IN YOUR VEHICLE		
YOUR DISTANCE FROM THE RIGHT HAND EDGE OF THE ROAD		OTHER VEHICLE'S DISTANCE FROM THE RIGHT HAND EDGE OF THE ROAD			
IF TWO VEHICLE ACCIDENT, EXACT POINT OF CONTACT OF YOUR VEHICLE WITH OTHER VEHICLE					
IF TWO VEHICLE ACCIDENT, EXACT POINT OF CONTACT OF OTHER VEHICLE WITH YOUR VEHICLE					
WERE AUTHORITIES NOTIFIED OF THE ACCIDENT			IF YES, DATE AND TIME		
DID YOU VIOLATE ANY TRAFFIC LAWS?			DID THE OTHER DRIVER?		
WERE CHARGES MADE?		AGAINST WHICH PARTY?		WHAT CHARGES?	
IF FAULTY CONDITION OF EITHER VEHICLE CAUSED ACCIDENT, EXPLAIN					
NAMES AND CONTACT INFORMATION OF WITNESSES					
INJURY DETAILS SUSTAINED BY ANY PERSONS INVOLVED					

ADDITIONAL INFORMATION

NAMES AND PHONE NUMBERS OF ANY OCCUPANTS IN YOUR VEHICLE

DESCRIBE THE ACCIDENT IN DETAIL, STATING IN YOUR OPINION WHO WAS TO BLAME, WHY THEY WERE AT FAULT, AND ANY OTHER DETAILS OR CONVERSATIONS THAT OCCURRED DURING OR AFTER THE ACCIDENT (USE AS MANY LINES AS NEEDED)

CONTACT INFORMATION

PHONE NUMBER

BEST TIME TO CONTACT

WHERE TO CONTACT

LIST ANY ADDITIONAL INFORMATION RELEVANT TO THIS REPORT