

### Other Property Damage

Yes  No  if "yes" give details \_\_\_\_\_

### Injury

Was any party injured \_\_\_\_\_ Yes  No  If "yes" give details \_\_\_\_\_

Name \_\_\_\_\_

Extent of Injury \_\_\_\_\_

Name \_\_\_\_\_

Extent of Injury \_\_\_\_\_

### Accident Details

Date of Incident \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_ am/pm

Location (street) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Road Surface Sealed  Gravel  Dirt  Sand  Other \_\_\_\_\_

Weather Dry  Wet  Fog  Other \_\_\_\_\_

Visibility Good  Bad  (give details) \_\_\_\_\_

Speed Your Vehicle \_\_\_\_\_ Other Vehicles \_\_\_\_\_

### Police Details

Police Station \_\_\_\_\_ Phone \_\_\_\_\_ Police Officer \_\_\_\_\_

Incident Number \_\_\_\_\_ Date Reported \_\_\_\_\_

What Charges \_\_\_\_\_ Against Whom \_\_\_\_\_

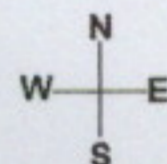
Who do you consider responsible for this accident and why do you consider that person responsible? \_\_\_\_\_


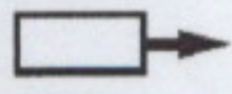

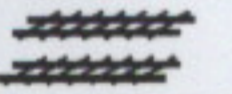



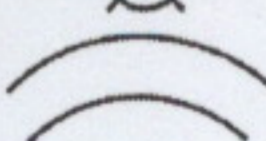

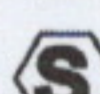
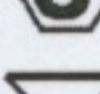
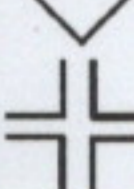
Accident Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Sketch Plan (Must be Completed N.B Sketch Diagram using the symbols below).



-  Vehicle Driven by You
-  Other Vehicles number 1,2,3 etc
-  Parked Vehicles
-  Rail/tram tracks
-  Travel by arrow in symbol
-  Persons
-  Traffic lights
-  Curved Road
-  Pedestrian Crossing
-  Stop Sign
-  Give way Sign
-  Road Intersection

I/We do hereby solemnly and sincerely declare that the information herewith provided by me/us is a true and correct record of the incident as recalled by me/us. I/We further declare that all of the questions have been answered by me/us fully and truthfully and I/we declare that I/we have not withheld any relevant information in respect of the incident described above.

Renter's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Driver's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_