

Condition at the time of the accident – Circle one for each category

Light Condition

- 1. Daylight
- 2. Dark
- 3. Dark with street lights
- 4. Dawn or dusk

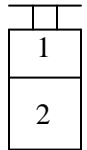
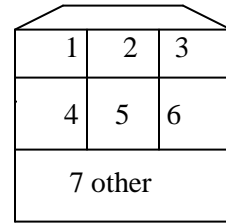
Weather Condition

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow or ice
- 5. Fog or mist
- 6. Sleet

Road Conditions

- 1. Dry
- 2. Snow or ice
- 3. Wet
- 4. Gravel
- 5. Slush
- 6. Muddy
- 7. Oily
- 8. Other

Place X where you were seated in vehicle



Cycle
Bicycle

Accident Date: _____ Time of Accident: _____

Where were you coming from prior to accident? _____

Where were you going? _____

On this trip, how long have you been driving / riding prior to this accident? _____

How often do you drive this vehicle? _____

As far as you know, was there anything wrong with this vehicle prior to the accident? NO YES, what?

Who else was with you at the time of the accident? _____

Were you wearing your seatbelt? NO Yes How fast were you traveling? _____

What were you doing prior to the accident? _____

Did anything interfere with your view at the time of the accident? NO YES, what? _____

Were there any other vehicles nearby at the time of the accident? NO YES

Did any of these vehicles contribute to the accident? NO YES

What indicated that an accident would occur? _____

Did you do anything to avoid this accident, i.e., braking, turning, etc.? _____

In your opinion, why did this accident occur? _____

Have any of the vehicles been moved since the accident? NO YES, How? _____

Have you taken any medicine or alcohol within the 6 hours prior to the accident? NO YES, What? _____

OFFICIAL USE ONLY:

Statement made to – Person Name _____ Statement Date _____

Statement made at – Location _____ Statement Time _____