



Mileage: _____

<p>TIME AND LOCATION OF ACCIDENT</p>	<p>Date of Accident _____ Time of Accident _____</p> <p>Location of Accident: County _____ City _____</p> <p>Physical Address/Intersection: _____</p>
<p>VEHICLES INVOLVED INFORMATION</p>	<p>USC Vehicle License Tag _____ Other Vehicle: License Tag _____</p> <p>Year/Make/Model _____ Year/Make/Model _____</p> <p>Driver's Name _____ Driver's Name _____</p> <p>Driver's License Number _____ Driver's License Number _____</p> <p>Department _____ Driver's Phone Number _____</p> <p>Supervisor _____ Insurance Company _____</p> <p>Supervisor Phone _____</p>
<p>POLICE INVESTIGATION</p>	<p>Did Police Respond to the Accident? YES ___ NO ___</p> <p>IF YES, Complete:</p> <p>Police Department _____</p> <p>Was Anyone Charged with a violation? YES ___ NO ___</p> <p>If yes, who and what charge? _____</p> <p>Was anyone injured? YES ___ NO ___</p> <p>If yes, whom? _____</p> <p>What was the nature of the injury? _____</p> <p>Were there any passengers? YES ___ NO ___</p> <p>Passenger Name(s) _____</p>
<p>DRIVER STATEMENT (Pg 1 of 2)</p>	<p>In your own words, give the circumstances of the accident. Please be as detailed as possible. Use the following page as necessary.</p>



DRIVER

STATEMENT

Pg 2 of 2

A large, empty rectangular box with a black border, intended for the driver's statement.