

**TRAFFIC ACCIDENT STATEMENT FORM**

**AC -** \_\_\_\_\_



**Location of Accident:** \_\_\_\_\_ **Your Name:** \_\_\_\_\_

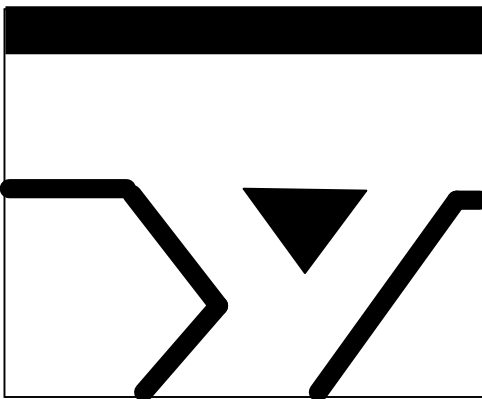
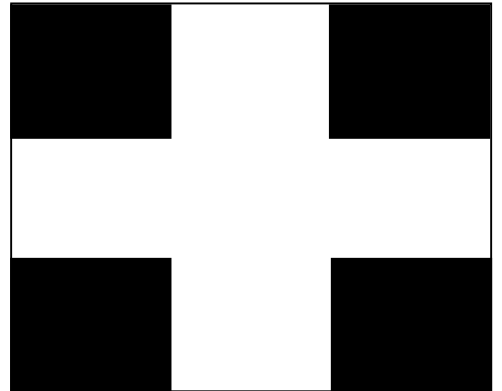
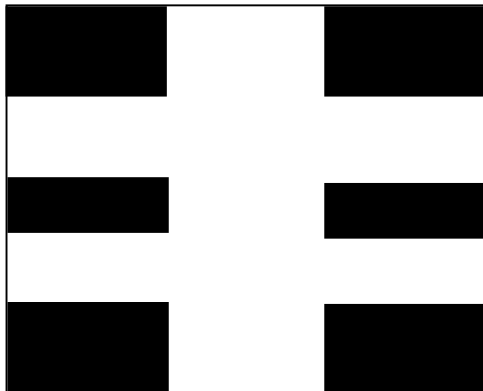
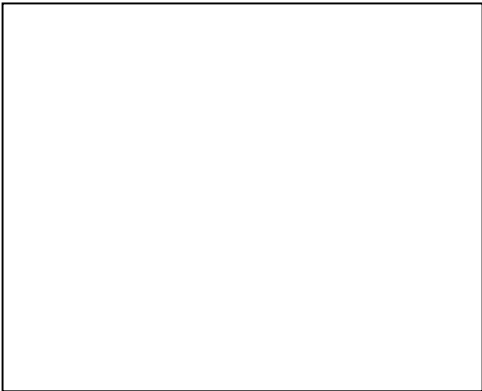
**Driver**   **Witness**   **Passenger (circle one)**   **Date of Accident:** \_\_\_\_\_

**Address:** \_\_\_\_\_

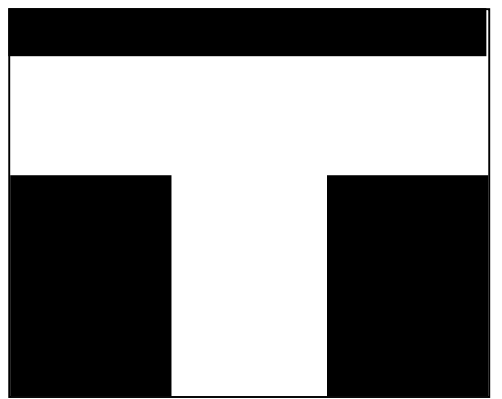
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

In your own words, describe what you saw. Be sure to include a description of road conditions, landmarks, weather conditions and where you were when the accident occurred. (use back of form if you need more space)

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**DIAGRAMS**  
Use these diagrams to sketch the accident scene as you saw it. Try to show vehicle movement and be sure to label vehicles, objects & landmarks. Use the blank box for an area not referred to by the other diagrams.



**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**West Long Branch, NJ 07764**  
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