

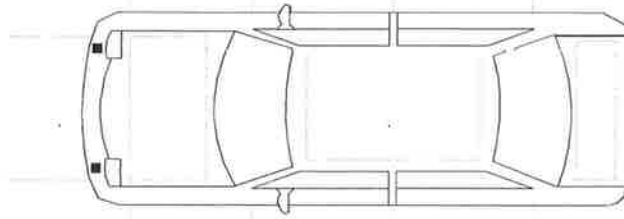
Damage to Vehicle:

Using the following scales, indicate the damage to your car.

1 = Slight

2 = Moderate

3 = Extreme



Indicate your damage on the diagram to the right.

In this section, circle the answer that best applies to your accident.

1. Did your accident happen:

- a. On the roadway
- b. Off the left side of the road
- c. Off the right side of the road
- d. Off of a "T" intersection
- e. Other roadway

2. Was the road:

- a. At an intersection
- b. At a driveway
- c. Non-intersection URBAN
- d. In alley
- e. Non-intersection RURAL

3. Was the road:

- a. Straight and level
- b. Straight but with a grade
- c. Curved and level
- d. Curved but with a grade
- e. On a hillcrest

4. Was the road surface:

- a. Concrete
- b. Blacktop (Asphalt)
- c. Gravel, slag or stone
- d. Dirt
- e. Other
- f. Unknown

5. Was the road's condition:

- a. Dry
- b. Wet
- c. Muddy
- d. Snowy
- e. Icy
- f. Slushy
- g. Foreign material

6. What was the lighting:

- a. Daylight
- b. Dawn or Dusk
- c. Dark and lighted
- d. Dark and un-lighted

7. Was there any adverse weather:

- a. None
- b. Rain
- c. Snow, sleet or hail
- d. Fog
- e. Dust
- f. Wind

8. Direction you were driving:

- a. North
- b. East
- c. South
- d. West

9. Your movement:

- a. Going straight
- b. Slowing
- c. Stopped
- d. Making right turn
- e. Making left turn
- f. Making U-turn
- g. Backing
- h. Parked
- i. Changing lanes
- j. Avoiding objects in lane
- k. Other (describe)

What was the speed limit?

What was your speed?

Were you wearing your seatbelt?

Passenger Information: Please complete for each passenger

Name and Address

Age and Where Seated

Seatbelt Used? (Yes/No)
