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Auto Accident Checklist

Use this form in case of an auto accident. The form should be filled out at the scene or shortly after leaving the scene.

The Accident:

Date of accident _____

Time _____

Location of accident _____

Type of road (grade, curve, etc.) _____

Speed of your car just before accident _____

Speed of other car just before accident _____

Direction of your car _____

Direction of other car _____

Were you turning? _____

Was other driver turning? _____

Did the other driver signal properly (with arm, horn, lights, etc.)? _____

If at night, were other vehicle's lights on? _____

How far away from you was the other car when you first saw it? _____

Other pertinent facts:

The Other Driver and His or Her Car:

Name: _____

Street Address: _____

City _____ State _____ Zip _____

Vehicle registration/year/license number _____

Make/model of car _____ Year _____

Did driver appear intoxicated? _____

Any statement made by other driver as to cause of accident:

Passengers in Other Car:

Name: _____

Address: _____

Name: _____

Address: _____

All Possible Witnesses to Any Fact:

Name: _____

Address: _____

Name: _____

Address: _____

Conditions Noted Immediately after the Accident:

Position of your car after accident _____

Position of other car after accident _____

Location of any tire marks, blood, broken glass, dirt, etc. on road or side of road _____

Location of point of impact in relation to center of road or some physical object _____

Did your car skid? _____

If so, how many feet? _____

Did other car skid? _____ If so, how many feet? _____

Road conditions _____

Traffic conditions _____

Weather conditions _____

Traffic controls (traffic lights, stop signs, etc.) _____

Place of impact on other car _____

Name/address of wrecker that removed other car _____

Other conditions that affected accident:
