ACCIDENT SCENE EVIDENCE LOG

Document important accident details while they are still fresh.

IMPORTANT: Only document information you can safely and accurately observe.
Do not put yourself or others in danger to obtain photographs, video, or other evidence.

1. ACCIDENT INFORMATION

Date of Accident: _____

Time of Accident: _____

Location: _____

City/State: _____

Weather Conditions: _____

Road Conditions: _____

Was Police Called? ☐ Yes ☐ No

Police/Report Number: _____

2. YOUR INFORMATION

Full Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

3. OTHER DRIVER INFORMATION

Driver Name: _____

Phone Number: _____

Insurance Company: _____

Policy Number: _____

Vehicle Make/Model: _____

License Plate: _____

4. ACCIDENT DESCRIPTION

Please describe exactly what happened. Be as detailed as possible.

Where were you traveling? (Direction, street names, lane position)

What happened immediately before the collision?

Where did the impact occur? (Point of impact on your vehicle and the other vehicle)

What happened immediately after the collision?

5. ACCIDENT SCENE EVIDENCE CHECKLIST

- ☐ Photos of all vehicles
- ☐ Photos of vehicle damage
- ☐ Photos of license plates
- ☐ Photos of road conditions
- ☐ Photos of traffic signs/signals
- ☐ Photos of skid marks
- ☐ Photos of debris
- ☐ Photos of visible injuries
- ☐ Photos of surrounding area
- ☐ Video of accident scene
- ☐ Dashcam footage
- ☐ Surveillance/security footage
- ☐ Police report
- ☐ Other: _____

6. WITNESS INFORMATION

Collect contact information from anyone who saw the collision occur.

Witness Name	Phone / Email	What They Saw	Notes

7. VEHICLE DAMAGE

Damage to Your Vehicle:

Damage to Other Vehicle:

Towing Company: _____

Repair Shop: _____

Towing Phone: _____

Estimated Damage: _____

8. ADDITIONAL NOTES

Use this space to record any other pertinent details (e.g., statements made by the other driver, responding officers' names and badge numbers).