

# Lowcountry Injury Law

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Personal Injury  
Auto Accidents  
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Civil Litigation

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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. Provide a copy to your attorney.

### 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 \_\_\_\_\_

Driver appear to have been drinking? \_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_

*Information Produced By the South Carolina Bar Association*