



# Car Crash Lawyer AI

## TRAFFIC ACCIDENT LEGAL REPORT

Official Legal Document for UK Legal Proceedings

AI Legal First Responder

### I. Personal related Information :

Driver DOB:

Driver name:

Driver surname

Driver email

Driver mobile

Driver street

Driver Town

Street Address (optional)

Driver postcode

Driver country

License Number

### II. Vehicle related Information:

License Plate

Vehicle Make

Vehicle Model

Vehicle Colour

Vehicle Condition

Recovery Company:

Recovery breakdown number

Recovery breakdown email



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### Car Crash Lawyer AI Incident Report

#### III. Emergency Contact :

Emergency contact

#### IV. Insurance Details:

Insurance Company

Policy Number:

Policy Holder

Cover Type

Sign up date



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### V. Personal Documentation :

Please Upload a Picture of your Driving License

Please include Pictures of your vehicle condition from all angles: Front

Please include Pictures of your vehicle condition from all angles: driver side

Please include Pictures of your vehicle condition from all angles: passenger side

Please include Pictures of your vehicle condition from all angles: back

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Incident Report NOW ACTIVE!

### VI. IMMEDIATE MEDICAL AND SAFETY ASSESSMENT :

Are you safe and ready to complete this form?:

Yes ☐

Medical attention required:

Yes ☐

How are you feeling?:

Medical attention from who:

Further Medical Attention?:

Hospital or Medical Center Name:

Severity of Injuries

Six Point Safety Check Completed Yes ☐

Treatment Received?:

Ambulance Called? \* Yes ☐

### VII. MEDICAL INJURY ASSESSMENT:

Please be completely honest - are you suffering with any of the following?

Chest Pain ☐

Uncontrolled Bleeding ☐

Limb Pain Impeding Mobility ☐

Breathlessness ☐

Severe Headache ☐

Limb Weakness ☐

Abdominal Bruising ☐

Change in Vision ☐

Loss of Consciousness ☐

Dizziness ☐

Abdominal Pain ☐

None of These - I Feel Fine ☐

Please provide Details of any injuries:

Life Threatening Injuries



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### VIII. ACCIDENT LOCATION DETAILS

Date & Time:

Time of Accident:

### IX. WEATHER CONDITIONS

Overcast/Dull	<input type="checkbox"/>	Heavy Rain	<input type="checkbox"/>	Fog/Poor Visibility	<input type="checkbox"/>	Hail:	<input type="checkbox"/>
Clear and Dry	<input type="checkbox"/>	Drizzle:	<input type="checkbox"/>	Snow or Ice:	<input type="checkbox"/>	Windy:	<input type="checkbox"/>
Bright Sunlight	<input type="checkbox"/>	Raining:	<input type="checkbox"/>	Thunder/Lightening	<input type="checkbox"/>	Dusk	<input type="checkbox"/>

### X. ROAD CONDITIONS

Dry:	<input type="checkbox"/>	Icy:	<input type="checkbox"/>	Loose Surface	<input type="checkbox"/>
Wet:	<input type="checkbox"/>	Slush:	<input type="checkbox"/>	Snow-Covered:	<input type="checkbox"/>

### XI. ROAD TYPE

Motorway:	<input type="checkbox"/>	A-Road	<input type="checkbox"/>	Rural Road:	<input type="checkbox"/>	Private Road:	<input type="checkbox"/>
Urban Road:	<input type="checkbox"/>	B-Road:	<input type="checkbox"/>	Car Park	<input type="checkbox"/>		

### XII. TRAFFIC CONDITIONS

Heavy:	<input type="checkbox"/>	Moderate:	<input type="checkbox"/>	Light:	<input type="checkbox"/>	No-Traffic:	<input type="checkbox"/>
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### XIII. VISIBILITY

Good:	<input type="checkbox"/>	Poor:	<input type="checkbox"/>	Very Poor:	<input type="checkbox"/>	Street Lights :	<input type="checkbox"/>
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### XIV. ROAD MARKINGS AND SIGNS

Were road markings visible? Yes ☐ No ☐ Partial: ☐

Speed Limit (mph):

Your Estimated Speed (mph):



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### XV. Precise Location

What 3 Words Address:

Nearest landmark or notable feature:

Full address or location description:

### XVI. Junction / Intersection Details

What type of junction was it? :

What controlled this junction?:

What were you doing when the collision occurred?:

What Color were traffic lights ?:

### XVII. Special Road Conditions & Hazards

- |                          |                          |                            |                          |                          |                          |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| Roadworks/Construction:  | <input type="checkbox"/> | Traffic Calming Measure's: | <input type="checkbox"/> | Narrow <del>Road</del> : | <input type="checkbox"/> |
| Workman in the Road:     | <input type="checkbox"/> | Parked Vehicle's:          | <input type="checkbox"/> | Poor Road markings etc:  | <input type="checkbox"/> |
| Cyclists in the Road:    | <input type="checkbox"/> | Pedestrian Crossing:       | <input type="checkbox"/> | None of these:           | <input type="checkbox"/> |
| Pedestrians in the Road: | <input type="checkbox"/> | School/Play Ground zone:   | <input type="checkbox"/> | Restricted Hedge/Fence:  | <input type="checkbox"/> |
| Clear No Issues:         | <input type="checkbox"/> | Sun glare/Low sun:         | <input type="checkbox"/> | Large Vehicle :          | <input type="checkbox"/> |

Additional hazards or conditions (Optional)?:



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### XVIII Your Vehicle Details

Driving usual vehicle: Yes: ☐ No: ☐

License plate:

Make:

Model:

Colour:

Year:

Fuel Type:

MOT

MOT Expiry

ROAD TAX:

TAX DUE DATE

### XIX. Point of Impact & Damage to My Vehicle

**Accident Details:**

**My vehicle has no visible damage:** ☐

Front:	<input type="checkbox"/>	Front Driver side	<input type="checkbox"/>	Front Passenger side	<input type="checkbox"/>	Driver side	<input type="checkbox"/>
Rear:	<input type="checkbox"/>	Rear Driver side	<input type="checkbox"/>	Rear Passenger side	<input type="checkbox"/>	Passenger side	<input type="checkbox"/>
Roof	<input type="checkbox"/>					Under Carriage	<input type="checkbox"/>

**Describe the damage to your vehicle :**

**Was your vehicle driveable after the accident?:**

Yes, I drove it away ☐ No, it needed to be towed ☐ Unsure / Did not attempt ☐



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### XX. Other Driver & Vehicle Details

Driver name:

Driver Mobile number:

Driver License Number :

Email Address:

Make of vehicle:

Vehicle license plate:

Vehicle Model:

Vehicle Year:

Vehicle Colour:

Vehicle Fuel Type

MOT Status

TAX Status:

MOT expiry Date:

TAX renewal date:

Insurance company:

Policy number:

Policy holder:

Policy Cover Type:

Insurance Status

Other Driver Vehicle Marked for Export

### XXI. Point of Impact & Damage to Other Vehicle

No visible damage to the other vehicle ☐

Describe the damage to the other vehicle





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### XXII WITNESS #1

YES

NO

Witness name:

Witness Mobile number:

Witness email address:

**Witness Statement :**

### XXIII. WITNESS #2

Witness name:

Witness Mobile number:

Witness email address:

**Witness Statement :**



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### XXIV. POLICE INVOLVEMENT

Did the Police Attend the Scene? Yes ☐ No ☐

Police officer name:

Accident reference number:

Police officer badge number:

Police force details:

Breath test:

Other breath test:

### XXV. POLICE INVOLVEMENT

Were the airbags deployed in your vehicle? Yes ☐ No ☐

Were you and all passengers wearing seat belts? Yes ☐ No ☐

Please explain why seatbelts were not worn - this is important legal information.?



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### XXVI. EVIDENCE COLLECTION - VEHICLE IMAGES

Vehicle mages file 1 URL:

Vehicle mages file 2 URL:

Vehicle mages file 3 URL:

Vehicle mages file 4 URL:

Vehicle mages file 5URL:

Vehicle mages file 6 URL:

### XXVII. EVIDENCE COLLECTION - WHAT3WORDS MAP IMAGE

What3Words Map image URL:



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### XXVIII. EVIDENCE COLLECTION - SCENE IMAGES

Scene images file 1 URL:

Scene images file 2 URL:

Scene images file 3 URL:

### XXIX. EVIDENCE COLLECTION - OTHER VEHICLE IMAGES

Other Vehicle images 1 URL:

Other Vehicle images 2 URL:

Other Vehicle images 3 URL:



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### XXX. AI Summary of Accident Data

AI Transcription

AI Model Used



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### XXXI. AI Summary of Accident Data

AI Summary of data collected



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### XXXII. AI-Generated Factual Account

AI Summary of data collected

تجربہ دہندگان کے ذریعہ جمع کردہ معلومات

This AI-generated narrative synthesizes information from your incident report but is NOT a sworn witness statement. It has NOT been verified by a legal professional and may contain errors. Before using in legal proceedings: verify all facts against original evidence, obtain independent legal advice from a qualified solicitor, and ensure content is reviewed by legal counsel.

Generated by Car Crash Lawyer AI | AI Provider: OpenAI GPT-4o | For legal advice, consult an SRA-regulated solicitor



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## XXXIII. ADDITIONAL INFORMATION

Anything else important:





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### XXXIV. Legal documentation and advise:

***This document contains 200+ fields across 33 categories for comprehensive legal reporting.***

*"Report to DVLA if necessary"*

*All contained herein may be used in insurance claims, legal proceedings, and official investigations.*

*All parties are advised to retain copies, contact insurance providers immediately, seek legal counsel if required, and preserve all evidence.*

*Emergency Contact: 999 (UK emergency services).*

*Data Protection: Subject to UK GDPR and Data Protection Act 2018. Generated by Car Crash Lawyer AI - AI Legal First Responder System*

### XXXV.. Declaration

#### **"DECLARATION:**

*I hereby declare that the information provided in this Car Crash Lawyer AI Incident Report and Statement is true and accurate to the best of my knowledge and belief. I understand that this document may be used in legal proceedings and that providing false information may constitute perjury under UK law."*

Driver name:

Date: