

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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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"/> |
|--------|--------------------------|-----------|--------------------------|--------|--------------------------|-------------|--------------------------|

XIII. VISIBILITY

- | | | | | | | | |
|-------|--------------------------|-------|--------------------------|------------|--------------------------|-----------------|--------------------------|
| Good: | <input type="checkbox"/> | Poor: | <input type="checkbox"/> | Very Poor: | <input type="checkbox"/> | Street Lights : | <input type="checkbox"/> |
|-------|--------------------------|-------|--------------------------|------------|--------------------------|-----------------|--------------------------|

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

What3Words 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: Traffic Calming Measure's: Narrow ~~Road~~:

Workman in the Road: Parked Vehicle's: Poor Road markings etc:

Cyclists in the Road: Pedestrian Crossing: None of these:

Pedestrians in the Road: School/Play Ground zone: Restricted Hedge/Fence:

Clear No Issues: Sun glare/Low sun: Large Vehicle :

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:

Front:

Front Driver side

Front Passenger side

Driver side

Rear:

Rear Driver side

Rear Passenger side

Passenger side

Roof

My vehicle has no visible damage:

Under Carriage

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 License Number :

Make of vehicle:

Vehicle Model:

Vehicle Colour:

MOT Status

MOT expiry Date:

Insurance company:

Policy holder:

Insurance Status

Driver Mobile number:

Email Address:

Vehicle license plate:

Vehicle Year:

Vehicle Fuel Type

TAX Status:

TAX renewal date:

Policy number:

Policy Cover Type:

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



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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

خطه دهندگان آرزوی خود را از حشمت پسندیده

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.



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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: