



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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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	<input type="checkbox"/>	Uncontrolled Bleeding	<input type="checkbox"/>	Limb Pain Impeding Mobility	<input type="checkbox"/>
Breathlessness	<input type="checkbox"/>	Severe Headache	<input type="checkbox"/>	Limb Weakness	<input type="checkbox"/>
Abdominal Bruising	<input type="checkbox"/>	Change in Vision	<input type="checkbox"/>	Loss of Consciousness	<input type="checkbox"/>
		Abdominal Pain	<input type="checkbox"/>	None of These - I Feel Fine	<input type="checkbox"/>

Please provide Details of any 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

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: | <input type="checkbox"/> | Traffic Calming Measure's: | <input type="checkbox"/> | Narrow Road : | <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

Placeholder for AI Transcription content.

AI Model Used

Placeholder for AI Model Used information.



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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 شدہ وکیلانہ خدمات فراہم کرنے والے کے ذریعے

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: