

Automobile Accident

Policyholder _____ Telephone _____
Address, City, State _____

Vehicle A—Insured

Driver _____ Telephone _____
Address, City, State _____
Date of Birth _____ Driver License No. _____
Auto Make _____ Model _____ Year _____ License Plate _____
Owner of Vehicle _____ Vehicle ID _____
Indicate vehicle damage _____

Vehicle B—Other Party

Driver _____ Telephone _____
Address, City, State _____
Date of Birth _____ Driver License No. _____
Auto Make _____ Model _____ Year _____ License Plate _____
Owner of Vehicle _____ Vehicle ID _____
Indicate vehicle damage _____
Name of Ins. Co. _____ Policy No. _____

Were you injured? yes no

Was anyone else injured? yes no If yes, complete the following:


(1) Name _____ Telephone _____
Address, City, State _____
Medical treatment required? yes no Explain _____


(2) Name _____ Telephone _____
Address, City, State _____
Medical treatment required? yes no Explain _____

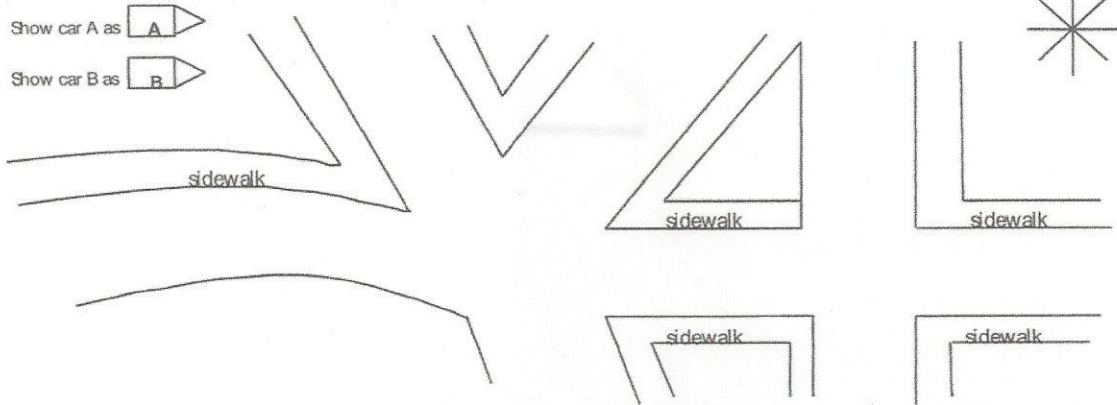
Facts of Accident

Date of Accident _____ Time _____ AM / PM
Location _____ City, State _____
Direction car A was traveling _____ What street/lane _____ Speed _____
Direction car B was traveling _____ What street/lane _____ Speed _____
Any traffic violation? yes no Which car? _____ Explain _____
Any indication of intoxication? yes no In which car? _____
Was police report made? yes no What station or department? _____
Any citations issued? yes no To whom? _____ Charge _____
Weather conditions raining wet dry fog snow other

Please use diagram to explain how the accident happened.

Show car A as 

Show car B as 



Describe accident in detail [attach separate sheet(s) if necessary] _____

Whom do you believe is at fault for the accident, and why _____

Are you related to any person involved in the accident? yes no To whom and relationship? _____

Are you acquainted with any person involved in the accident? yes no To whom? _____

Witnesses/Occupants

Name _____ address, city, zip _____ telephone _____

Name _____ address, city, zip _____ telephone _____

Name _____ address, city, zip _____ telephone _____

Signature _____ Print Name _____ Date _____