

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? _____

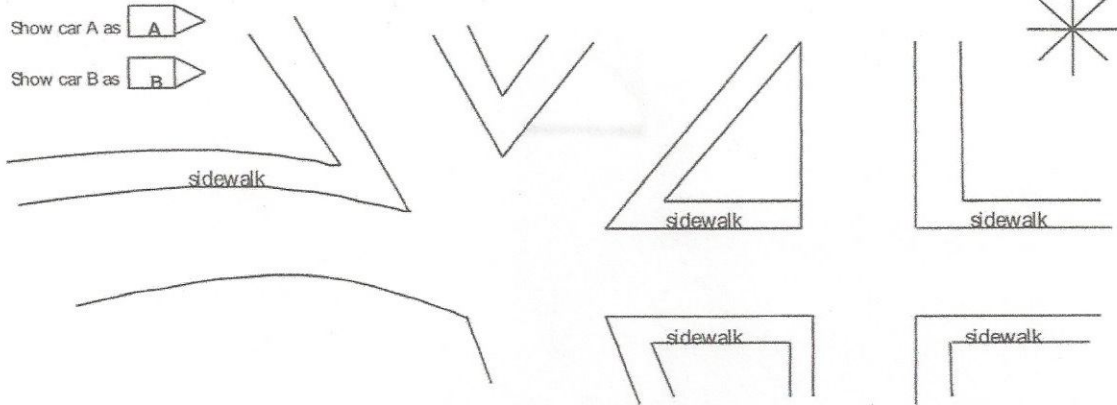
Any citations issued? yes no To whom? _____ Charge _____

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 _____