

# DRIVER'S REPORT OF AUTOMOBILE ACCIDENT

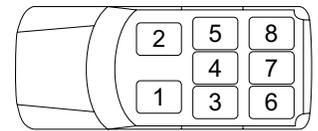
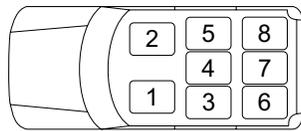
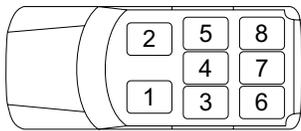
|           |
|-----------|
| CLAIM NO. |
|-----------|

**CAR OWNER** Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's name \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Are you married? \_\_\_\_\_ If yes, name of spouse \_\_\_\_\_

**YOUR AUTO AND DRIVER** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_  
Vehicle's plate # \_\_\_\_\_ Color \_\_\_\_\_ E-mail \_\_\_\_\_  
Driver \_\_\_\_\_ Driver's license # \_\_\_\_\_  
Driver's address \_\_\_\_\_ Phone # \_\_\_\_\_  
Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Occupation \_\_\_\_\_  
Was driver on errand for owner? \_\_\_\_\_ If yes, for what purpose? \_\_\_\_\_  
Did driver have permission to use vehicle? \_\_\_\_\_ Were all occupants wearing seat belts? \_\_\_\_\_

**OTHER INSURANCE INFORMATION** Did you, or anyone with whom you reside, hold any automobile insurance policy on the date of this accident other than the policy set forth above? Yes \_\_\_\_\_ No \_\_\_\_\_  
Insurance company name: \_\_\_\_\_  
Policyholder's name: \_\_\_\_\_ Policyholder's relationship to you: \_\_\_\_\_  
Policy No. \_\_\_\_\_ Claim No. (if any) \_\_\_\_\_  
Did you, or anyone with whom you reside, hold any umbrella or excess insurance policy on the date of this accident? Yes \_\_\_\_\_ No \_\_\_\_\_  
Insurance company name: \_\_\_\_\_  
Policyholder's name: \_\_\_\_\_ Policyholder's relationship to you: \_\_\_\_\_  
Policy No. \_\_\_\_\_ Claim No. (if any) \_\_\_\_\_  
Were you in the course of your employment at the time of this accident? Yes \_\_\_\_\_ No \_\_\_\_\_  
Employer name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. : \_\_\_\_\_  
Insurance company name: \_\_\_\_\_  
Policy No. \_\_\_\_\_ Claim No. (if any) \_\_\_\_\_

**PASSENGERS** Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_  
Date of birth or age \_\_\_\_\_ Date of birth or age \_\_\_\_\_ Date of birth or age \_\_\_\_\_  
Seating Position (identify 2-8) \_\_\_\_\_ Seating Position (identify 2-8) \_\_\_\_\_ Seating Position (identify 2-8) \_\_\_\_\_



**OWNER OF OTHER CAR** Name \_\_\_\_\_  
Address \_\_\_\_\_ Claim # \_\_\_\_\_  
Name of insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_  
Vehicle's plate # \_\_\_\_\_ Color \_\_\_\_\_  
Driver \_\_\_\_\_ Driver's license # \_\_\_\_\_  
Driver's address \_\_\_\_\_ Phone # \_\_\_\_\_

**TIME AND PLACE** Date of loss \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**DAMAGE  
TO YOUR  
CAR**

List parts of your car damaged \_\_\_\_\_  
Have you obtained an estimate of damages? \_\_\_\_\_ If yes, amount of estimate \$ \_\_\_\_\_  
Name and address of body shop preparing estimate \_\_\_\_\_  
\_\_\_\_\_

**PERSONS  
INJURED**

Was anyone injured? \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Nature of injuries \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Nature of injuries \_\_\_\_\_

**WITNESSES**

Were there any witnesses to the accident other than occupants of your car? \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Was report made to police? \_\_\_\_\_ Case # \_\_\_\_\_

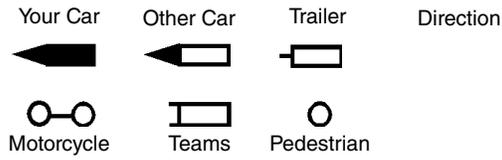
**DESCRIPTION  
OF ACCIDENT**

Name of police department \_\_\_\_\_  
Was anyone charged? \_\_\_\_\_ Who? \_\_\_\_\_ Charges? \_\_\_\_\_  
Was there any evidence of drinking? \_\_\_\_\_ If yes, who? \_\_\_\_\_  
Was either driver talking on a cellular phone? \_\_\_\_\_ If yes, who? \_\_\_\_\_  
Traffic control (stop sign, signal lights, etc.) \_\_\_\_\_  
Weather conditions at time of accident \_\_\_\_\_  
Were your headlights on? \_\_\_\_\_ Road conditions \_\_\_\_\_  
Direction your car was going \_\_\_\_\_ Side of street \_\_\_\_\_ Speed \_\_\_\_\_  
Direction of other car \_\_\_\_\_ Side of street \_\_\_\_\_ Speed \_\_\_\_\_  
When did you notice the other car involved? \_\_\_\_\_  
Did you give warning signal? \_\_\_\_\_ What kind? \_\_\_\_\_  
Did other car give warning? \_\_\_\_\_ What kind? \_\_\_\_\_  
Give description of how loss occurred \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

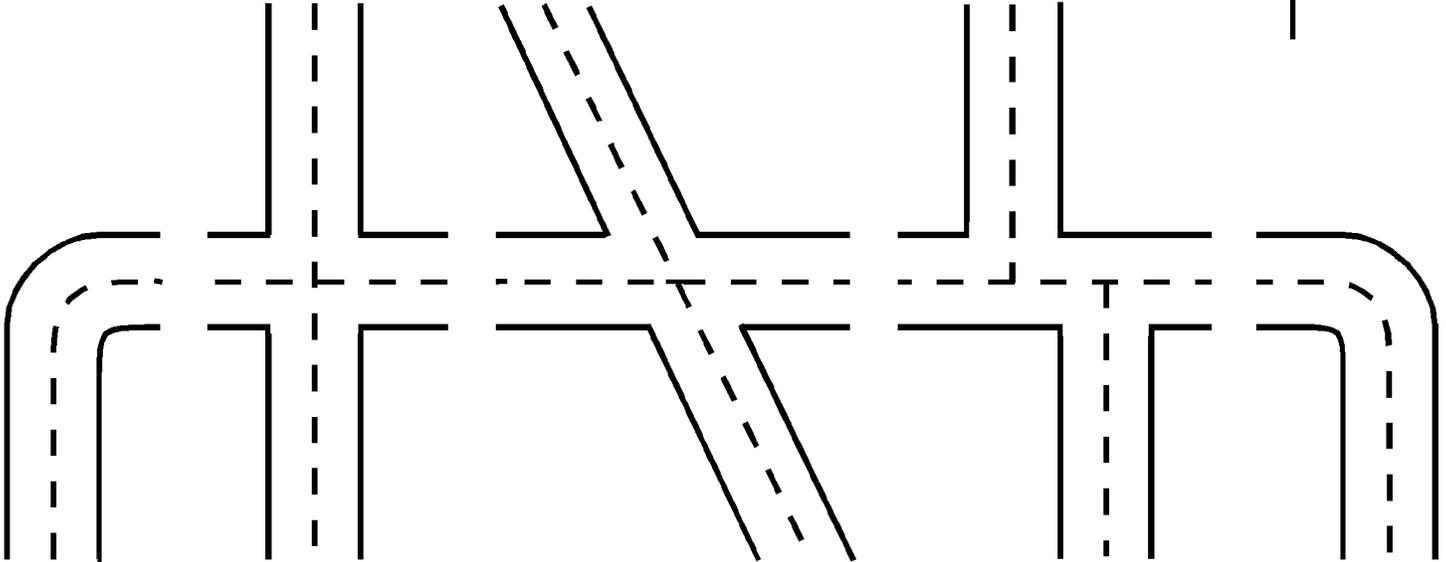
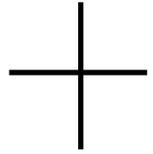
**SHOW HOW ACCIDENT OCCURRED BY USING ONE OF THESE DIAGRAMS (Next Page)**

**IMPORTANT**

Please fill in diagram showing position of automobile and injured person (or other vehicle with which insured's automobile collided) with direction in which both were proceeding.



Indicate Points of Compass  
N E S W



**NOTICE REQUIRED BY INSURANCE REGULATORS**

*Any entity engaged in the business of auto body repairs must be licensed. Insurers are prohibited from negotiating, adjusting or settling an automobile damage claim with an unlicensed facility.*

*Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.*

By checking this box and providing my name below, I hereby accept and adopt as my own the information provided on this form, and I attest to the truth of its contents.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

DATE \_\_\_\_\_

OF REPORT \_\_\_\_\_