



## AUTO ACCIDENT REPORT

Insured: \_\_\_\_\_ Address: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area code + number)

Date of Accident: \_\_\_\_\_ Location: \_\_\_\_\_  
(Street or Hwy) (City & State)

Description (how did the accident happen?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Police Report?  Yes  No Police Dept. \_\_\_\_\_  
(Name of City, Police, or State Hwy. Patrol)

Report/Incident Number: \_\_\_\_\_

### **Insured vehicle (IV):**

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ VIN: \_\_\_\_\_

Insured Driver: \_\_\_\_\_

Is IV damaged?  Yes  No Where? \_\_\_\_\_  
(i.e. left front; right rear; front end; rear; etc.)

### **Claimant vehicle:**

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ License plate: \_\_\_\_\_

Is Vehicle Damaged?  Yes  No Where? \_\_\_\_\_  
(i.e. left front; right rear; front end; rear; etc.)

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area code + number)

Owner's Work or Cell Phone: \_\_\_\_\_  
(Area code + number)

Mailing Address: \_\_\_\_\_  
(P.O. Box or Street Address, City, State, and Zip Code)

Driver's name & phone if different: \_\_\_\_\_

Was anyone injured?  Yes  No Name(s): \_\_\_\_\_

Extent of injury: \_\_\_\_\_ Transported to hospital  Yes  No

### **Witnesses:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area code + number)

Work or Cell Phone: \_\_\_\_\_  
(Area code + number)