

CLAIMANT'S ACCIDENT REPORT (AUTO)

Date _____, 20____

Claimant Name _____

Address _____

Home telephone _____ Business Telephone _____

DESCRIPTION OF YOUR AUTOMOBILE: (Show as car No. 1 on chart)

Make of Car _____ Year _____ Model _____ License No. _____

Registered Owner _____ Address _____

Name of Driver _____ Age _____ Address _____

What was the purpose of your trip? _____

For whom was the trip being made? _____

Do you have any collision insurance for damage to your car? _____

If "yes", what is the name of your Insurance Company? _____

Estimated cost of repairs to your auto \$ _____ Car currently located at _____

PROPERTY DAMAGE:

Describe Property _____

Estimated cost of Repairs or Replacement \$ _____ Location _____

Was anyone injured? _____ If "yes," please answer the following:

Name _____ Address _____ Phone No. _____

Describe injuries, treatment, and physician _____

Name _____ Address _____ Phone No. _____

Describe injuries, treatment, and physician _____

LIST OCCUPANTS OF YOUR AUTOMOBILE:

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

DESCRIPTION OF OTHER VEHICLE: (Show as No. 2 on chart)

Make of Car _____ Year _____ Model _____ License No. _____

Driver _____ Address _____

Were there any occupants other than the driver? _____ If so, how many? _____

IMPORTANT: LIST WITNESSES NOT IN EITHER AUTOMOBILE INVOLVED

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

STATEMENT OF ACCIDENT – PLEASE ANSWER EVERY QUESTION

Accident Date _____ 20____ Time _____ M

Location of Accident _____

City _____ County _____ State _____

Direction you were traveling _____ What street? _____ Speed _____

Direction other car traveling _____ What street? _____ Speed _____

Did either driver violate any traffic law? _____ Which car? _____

Explain _____

If accident occurred at an intersection:

Speed of each car as it entered the intersection _____ Your Car _____ Other Car _____

Which car entered the intersection first? _____

Was the view of either driver obstructed? _____ Speed limit at point of accident _____

Where was the other car when you first saw it? _____

Where was your car at that time? _____

Was your seat belt and those of all passengers fastened? _____

Whose seat belt was not fastened? _____

Check weather conditions: Wet Dry Rain Fog Snow

If at night, were lights working on your car _____ Headlights _____ Taillights _____

Other Car _____ Headlights _____ Taillights _____

Length of skid marks left by your car _____ Other car _____

What did you say about the accident? _____

What did other driver say about the accident? _____

Was there any indication of intoxication? _____ In which car? _____

Date Accident Reported to Police Department _____

Name of Officer _____ What Station _____ City _____

Either Driver Cited or Arrested _____ You _____ Other Driver _____ Charges _____

Date of Hearing _____ Place _____ Name of Judge _____

IMPORTANT: DESCRIBE IN YOUR OWN WORDS HOW ACCIDENT OCCURED:

