

CLAIMANT'S REPORT OF AUTO ACCIDENT

Date: _____

AGAINST _____

CLAIMANT'S NAME _____

Address _____

Tel. No. _____

DESCRIPTION OF YOUR AUTOMOBILE (Show as car No. 2 on chart)

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

Registered Owner _____ Address _____

Name of Driver _____ Age _____ Address _____

Do you have any collision insurance for damage to your car? Check _____ Yes _____ No

If yes, the name of your Insurance Company _____

Estimated Cost of Repairs to Your Car \$ _____ Car now at _____

PROPERTY DAMAGED OTHER THAN AUTOMOBILE

Describe Property _____

Estimated cost of repairs of replacement _____ Location _____

WAS ANYONE INJURED? _____ Yes _____ No IF SO, ANSWER THE FOLLOWING:

Name _____ Address _____ Phone No. _____

Describe injuries _____

Medical treatment required? _____ Yes _____ No

LIST OCCUPANTS OF YOUR AUTOMOBILE:

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

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

Make of car _____ Year _____ Type _____ License No. _____

Driver _____ Address _____

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

IMPORTANT: LIST WITNESSES NOT IN EITHER AUTOMOBILE INVOLVED, IF ANY:

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

STATEMENT OF ACCIDENT

Accident Date _____ a.m. _____ p.m.

Location of Accident _____

City _____ County _____

Direction you were traveling _____ What street _____ Speed _____

Direction other driver traveling _____ What street _____ Speed _____

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

Explain _____

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? _____

Were lights turned on in your car? _____ Head _____ Tail _____
other car _____ Head _____ Tail _____

Check weather conditions: Wet _____ Dry _____ Rain _____ Snow _____ Fog _____

Length of skid marks left by your car? _____ other car _____

What did you say about the accident? _____

What did other driver say about accident? _____

Was there any indication of intoxication? _____ Which car? _____

Date accident reported to Police Department? _____

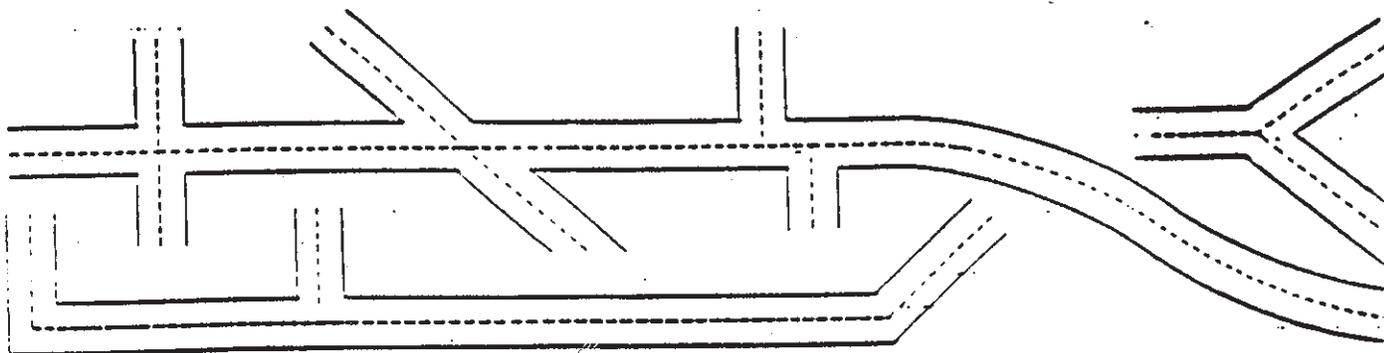
Name of officer _____ What station? _____ City or Town _____

Either driver cited or arrested? You? _____ Other driver? _____ Charges? _____

Date of hearing _____ Place _____ Justice/Judge _____

IMPORTANT: DESCRIBE IN YOUR OWN WORDS HOW ACCIDENT OCCURRED:

DRAW ROUGH DIAGRAM OF ACCIDENT: Show your car as  : other car as  As the collision occurred. Show direction and distance traveled before crash by solid line thus: _____
Then at point of crash: third, positions and distance traveled after collision. Show distance and direction traveled after crash by dotted line thus: _____



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Dated:

SIGNATURE OF OWNER: _____