

# DRIVER'S REPORT OF AUTOMOBILE ACCIDENT

CLAIM Number
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**CAR OWNER**

Name \_\_\_\_\_ Email \_\_\_\_\_  
Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Phone number \_\_\_\_\_  
Employer's name \_\_\_\_\_ Phone number \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Are you married? \_\_\_\_\_ If yes, name of spouse \_\_\_\_\_

**YOUR AUTO AND DRIVER**

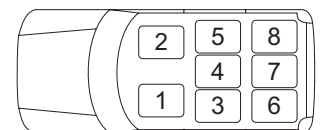
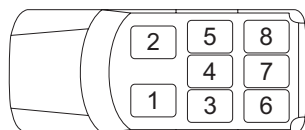
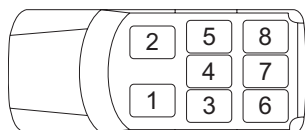
Driver same as owner (if yes, skip to Date of birth) \_\_\_\_\_ No Driver (if yes, skip to next section) \_\_\_\_\_  
Driver \_\_\_\_\_ Driver's license number \_\_\_\_\_  
Driver's address \_\_\_\_\_ Phone number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation \_\_\_\_\_ Email \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_  
Vehicle's plate number \_\_\_\_\_ Color \_\_\_\_\_  
Was driver on errand for owner? \_\_\_\_\_ If yes, for what purpose? \_\_\_\_\_  
Did driver have permission to use vehicle? \_\_\_\_\_ Were all occupants wearing seat belts? \_\_\_\_\_  
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 number: \_\_\_\_\_ Claim number (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 number: \_\_\_\_\_ Claim number (if any): \_\_\_\_\_  
Were you in the course of your employment at the time of this accident? Yes \_\_\_\_\_ No \_\_\_\_\_  
Driver's employer same as car owner's employer \_\_\_\_\_ (if yes, skip to Insurance company name)  
Driver's employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Insurance company name: \_\_\_\_\_  
Policy number: \_\_\_\_\_ Claim number (if any): \_\_\_\_\_

**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 \_\_\_\_\_  
\_\_\_\_\_

**DRIVERS AND PASSENGERS**

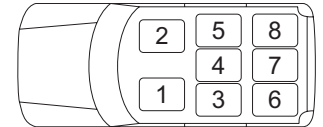
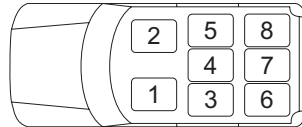
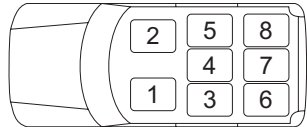
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Phone number _____	Phone number _____	Phone number _____
Date of birth _____	Date of birth _____	Date of birth _____
Seating Position (identify 2-8) _____	Seating Position (identify 2-8) _____	Seating Position (identify 2-8) _____
Injured: Yes _____ No _____	Injured: Yes _____ No _____	Injured: Yes _____ No _____
Nature of injuries _____	Nature of injuries _____	Nature of injuries _____



**OTHER CAR'S OWNER** Name \_\_\_\_\_  
 Address \_\_\_\_\_ Claim number \_\_\_\_\_  
 Name of insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_  
 Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_

**OTHER CAR DRIVERS AND PASSENGERS**

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Phone number _____	Phone number _____	Phone number _____
Date of birth _____	Date of birth _____	Date of birth _____
Seating Position (identify 2-8) _____	Seating Position (identify 2-8) _____	Seating Position (identify 2-8) _____
Injured: Yes _____ No _____	Injured: Yes _____ No _____	Injured: Yes _____ No _____
Nature of injuries _____	Nature of injuries _____	Nature of injuries _____



**DESCRIPTION OF ACCIDENT** Date of loss \_\_\_\_\_ Time \_\_\_\_ a.m./p.m.  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_\_  
 Name of police department \_\_\_\_\_  
 Was anyone ticketed? \_\_\_\_\_ 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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WITNESSES** Were there any witnesses to the accident other than occupants of your car? \_\_\_\_\_

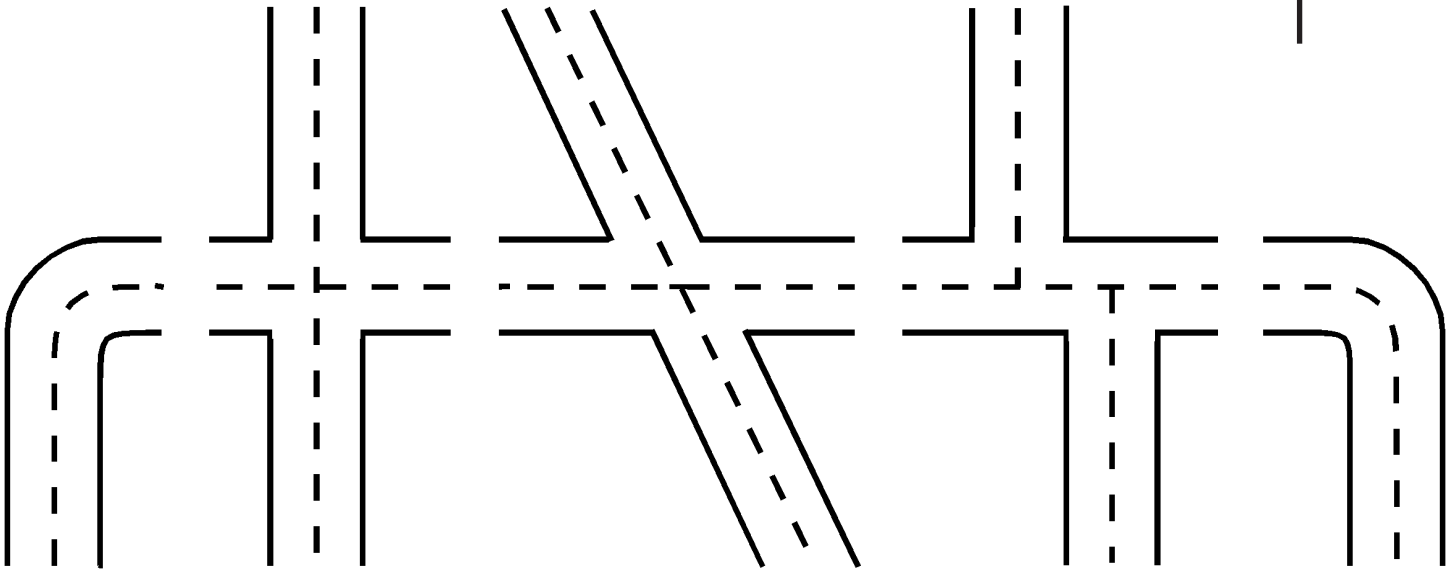
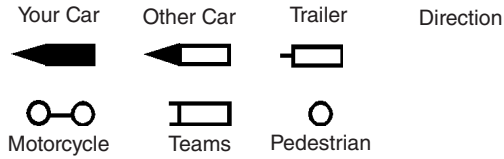
Name _____	Age _____	Email _____
Address _____	Phone number _____	
Name _____	Age _____	Email _____
Address _____	Phone number _____	
Name _____	Age _____	Email _____
Address _____	Phone number _____	

Was report made to police? \_\_\_\_\_ Case Number \_\_\_\_\_

**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.



**THE STATE OF MARYLAND REQUIRES US TO NOTIFY YOU OF THE FOLLOWING:**

*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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.*

DATE OF REPORT \_\_\_\_\_ SIGNATURE \_\_\_\_\_