

DRIVER'S REPORT OF AUTOMOBILE ACCIDENT

CLAIM Number

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

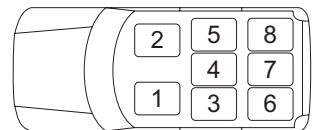
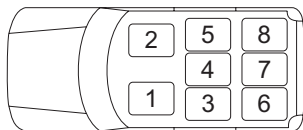
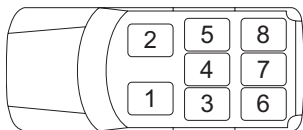
Driver same as owner (if yes, skip to Date of birth) _____ No Driver (if yes, skip to next section) _____
Driver _____ Driver's license number _____
Driver's address _____ Phone number _____
City _____ State _____ ZIP Code _____
Date of birth ____/____/____ Occupation _____ Email _____
Year _____ Make _____ 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

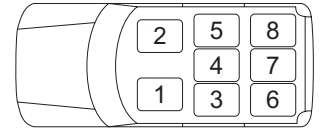
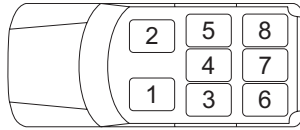
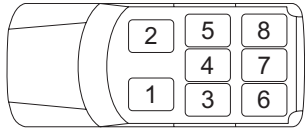
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Phone number _____	Phone number _____	Phone number _____
Date of birth _____	Date of birth _____	Date of birth _____
Seating Position (identify 2-8) _____	Seating Position (identify 2-8) _____	Seating Position (identify 2-8) _____
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? _____

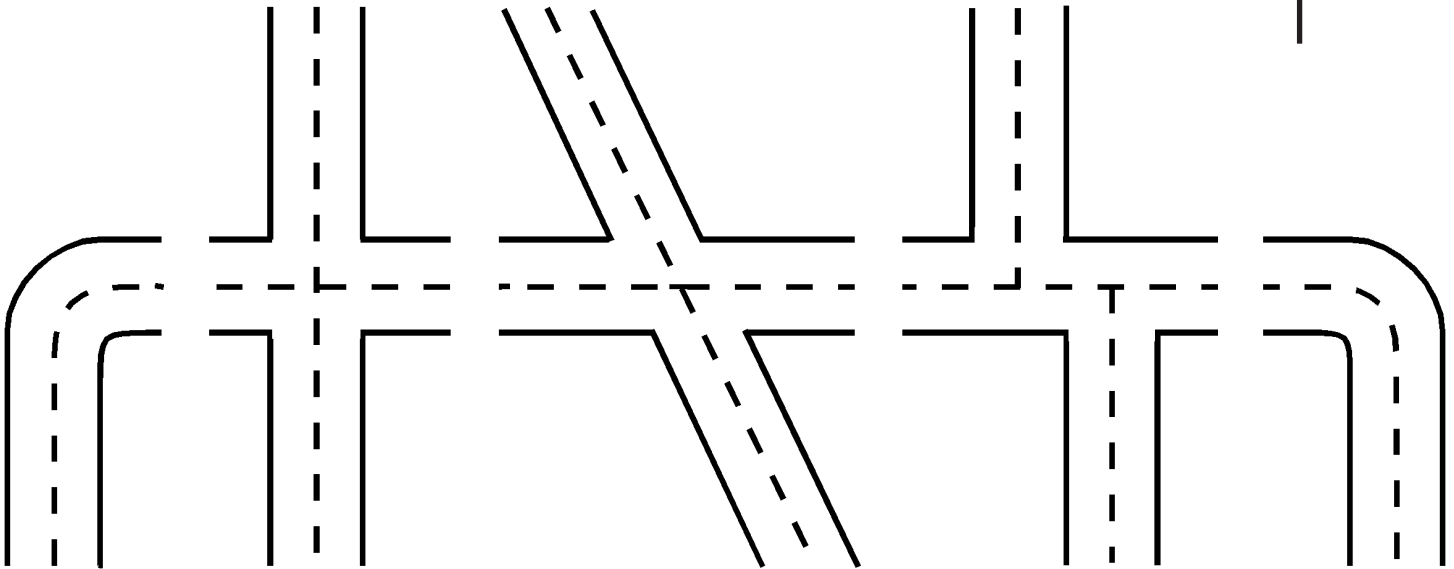
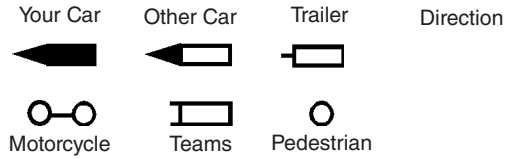
Name _____	Age _____	Email _____
Address _____	Phone number _____	
Name _____	Age _____	Email _____
Address _____	Phone number _____	
Name _____	Age _____	Email _____
Address _____	Phone number _____	

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.



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 and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.

DATE OF REPORT _____ SIGNATURE _____