

AUTOMOBILE ACCIDENT REPORT

Date _____, 20 _____

Owner of Vehicle _____

Address _____

Home Phone _____ Business Phone _____

Model _____ Make _____ Body _____ Serial # _____ Year _____

License No. _____ Mileage _____

Name of Your Insurance Company _____

Kind of Insurance Carried _____

Driver's Name _____

Address _____

Home Phone _____ Business Phone _____

License Number _____ State _____ Age _____ Relationship _____

Date of Accident _____, 20 _____ Time _____ M. Permission to Drive _____

Location of Accident _____

OCCUPANTS OF VEHICLES:			AGE	RELATION	INS VEH.	CLMT VEH.
NAME	ADDRESS					

Injuries _____

Where Treated and by Whom _____

DAMAGE TO PROPERTY OF OTHERS

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

Owner's Name _____ Address _____ Phone _____

Driver's Name _____ Address _____ Phone _____

Where is property now? _____

WITNESSES (Include and Indicate Occupants of Cars)

NAME	ADDRESS	PHONE

DAMAGE TO INSURED CAR

Description of damage _____

Is vehicle drivable? _____ Vehicle location _____

Name and address of party that caused damage _____

DESCRIPTION OF ACCIDENT

Direction of insured vehicle _____ Street Name _____ Speed _____

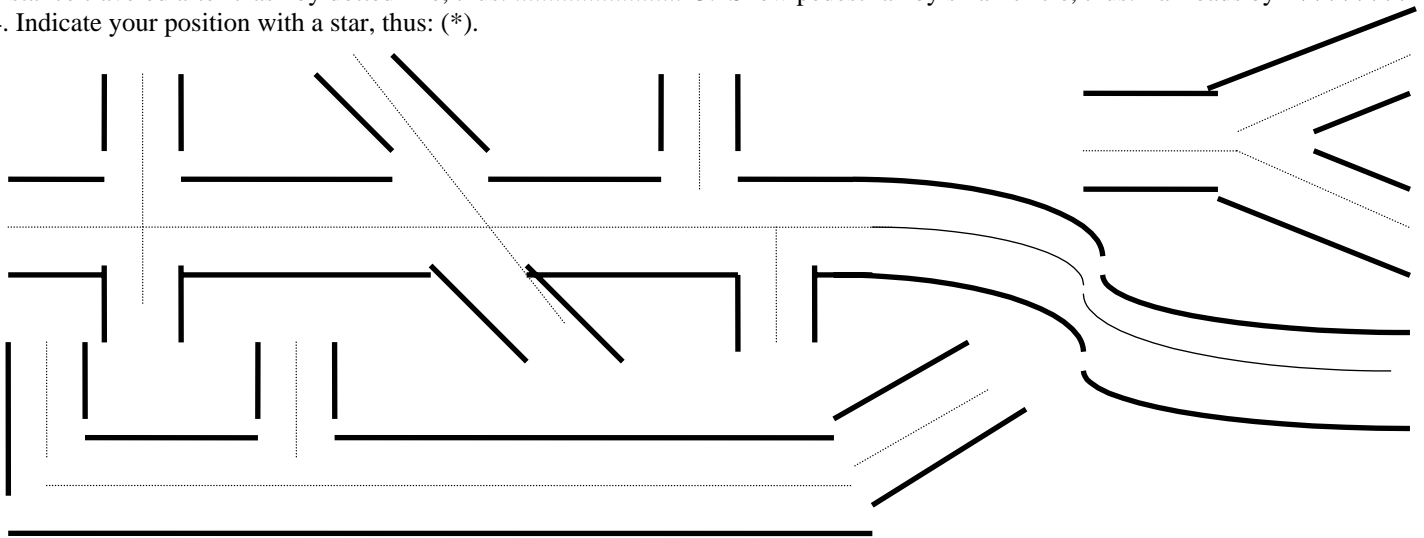
If vehicle collided with another, location of other _____ Speed _____

Were traffic signals or controls violated? _____ By whom? _____

Weather at Time of Accident _____ Condition of Road _____

SHOW HOW ACCIDENT HAPPENED ON ONE OF THESE DIAGRAMS

Identify each car and direction by numbered arrow, thus: 1. Show each car's position at the moment when crash happened. Show direction and distance each car traveled before the crash by solid line, thus: ----- 2. Show direction and distance traveled after crash by dotted line, thus: 3. Show pedestrian by small circle, thus: railroads by // // // // // 4. Indicate your position with a star, thus: (*).



DRIVER'S ACCOUNT OF ACCIDENT: _____

Who do you think caused the accident? _____

Owner's Signature _____ Driver's Signature _____