

# DRIVER'S REPORT OF AUTOMOBILE ACCIDENT

CLAIM NO. **CAR OWNER**

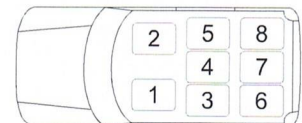
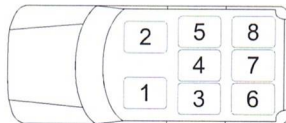
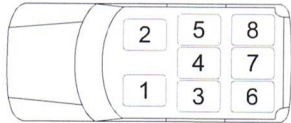
Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's name \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer's address \_\_\_\_\_  
Are you married? \_\_\_\_\_ If yes, name of spouse \_\_\_\_\_

**YOUR AUTO AND DRIVER**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_  
Vehicle's plate # \_\_\_\_\_ Color \_\_\_\_\_ E-mail \_\_\_\_\_  
Driver \_\_\_\_\_ Driver's license # \_\_\_\_\_  
Driver's address \_\_\_\_\_ Phone # \_\_\_\_\_  
Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Occupation \_\_\_\_\_  
Was driver on errand for owner? \_\_\_\_\_ If yes, for what purpose? \_\_\_\_\_  
Did driver have permission to use vehicle? \_\_\_\_\_ Were all occupants wearing seat belts? \_\_\_\_\_

**PASSENGERS**

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Phone Number _____	Phone Number _____	Phone Number _____
Date of birth or age _____	Date of birth or age _____	Date of birth or age _____
Seating Position (identify 2-8) _____	Seating Position (identify 2-8) _____	Seating Position (identify 2-8) _____

**OWNER OF OTHER CAR**

Name \_\_\_\_\_  
Address \_\_\_\_\_ Claim # \_\_\_\_\_  
Name of insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_  
Vehicle's plate # \_\_\_\_\_ Color \_\_\_\_\_  
Driver \_\_\_\_\_ Driver's license # \_\_\_\_\_  
Driver's address \_\_\_\_\_ Phone # \_\_\_\_\_

**TIME AND PLACE**

Date of loss \_\_\_\_\_ Time \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

**PERSONS INJURED**

Was anyone injured? \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Nature of injuries \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Nature of injuries \_\_\_\_\_

**WITNESSES**

Were there any witnesses to the accident other than occupants of your car? \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Was report made to police? \_\_\_\_\_ Case # \_\_\_\_\_

**DESCRIPTION OF ACCIDENT**

Name of police department \_\_\_\_\_

Was anyone charged? \_\_\_\_\_ 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

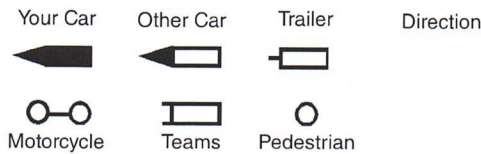
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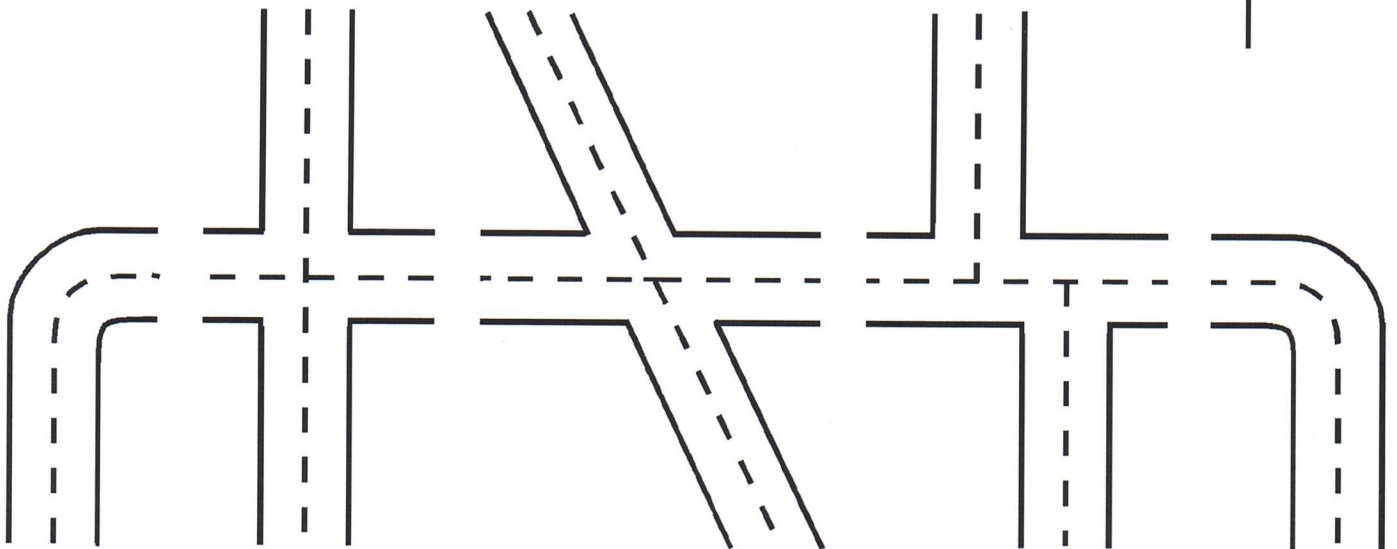
**SHOW HOW ACCIDENT OCCURRED BY USING ONE OF THESE DIAGRAMS**

**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.



Indicate Points of Compass  
N E S W



**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 files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.*

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