

* Submit this promptly. Late reporting causes poor claims outcomes.
Please fill out form as completely as possible. Indicate if unsure/unknown.
Items in red text are required, but all information is important.

Report Completed By: _____ Accident Date & Time: _____

Accident Location (city/state): _____

Describe the Incident: _____

Our Company Name: _____ Our Local Office: _____

Our Contact Name: _____ Phone: _____ Email: _____

Describe Our Vehicle (check the box or boxes in a row that apply – NOTE this is very important. Do not skip over.)

Owned or Leased by us (6 months or longer)

Rented by us (short-term)

Furnished by the driver

Substitute for a vehicle in the shop for repair/maintenance Check box if we own/lease the vehicle in shop

Our Vehicle's VIN (vehicle ID number): _____

Year, Make, Model, and Plate Number: _____

Vehicle Damaged? Yes No Describe: _____

Vehicle Drivable? Yes No Where taken? _____

Name of Our Driver: _____ Driver Phone No.: _____

Driver Injured? Yes No Describe: _____

Cargo Damage? Yes No Describe: _____

Other Party Involved in Accident Check box if none. (If multiple parties, copy form and complete one for each)

Describe Damage to Other Vehicle and/or Property: _____

Any Injuries? Yes No Not Sure Describe: _____

Owner of the Vehicle or Property (also Address & Phone No.) _____

Other Vehicle Year / Make / Model / Plate Number: _____

Other Driver's Name / Address / Phone No. (check box if same as owner) _____

Other Party's Insurance Information:

Company: _____ Policy Number: _____ Effective Date: _____

Police Involvement? Yes No

Police Department Making Report: _____

Report Number: _____

Police Officer Name: _____

Badge Number: _____

Citation Issued to You? Yes No

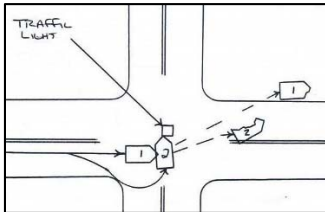
Citation Issued to Other Party? Yes No

Witness 1: (name / address / phone) _____

Witness 2: _____

Additional Comments:

Accident Scene Diagram (Please sketch a simple diagram of the accident scene showing road, vehicles, etc. Use the sample diagram as a guide. Number the vehicles with ours labeled as #1.)



Sample diagram