



Claim No. \_\_\_\_\_

### REPORT OF ACCIDENT

**YOU**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Occupation \_\_\_\_\_

**OTHER PARTY**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_

**YOUR CAR**

Year	Make	Model	License No.

Driven by \_\_\_\_\_ Age \_\_\_\_\_  
 Actual Owner \_\_\_\_\_

**OTHER CAR**

Year	Make	Model	License No.

Driven by \_\_\_\_\_ Age \_\_\_\_\_  
 Actual Owner \_\_\_\_\_

How long have you been employed with current employer?  
 List name, address and telephone of person whom will be able to contact you for next 3 years should you move:  
 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

**FACTS OF ACCIDENT**

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ <sup>AM</sup>/<sub>PM</sub> Place \_\_\_\_\_  
 Direction your car was going \_\_\_\_\_ Other car \_\_\_\_\_  
 Your speed \_\_\_\_\_ MPH Other car \_\_\_\_\_ MPH  
 Did you signal? \_\_\_\_\_ How? \_\_\_\_\_ Other car? \_\_\_\_\_ How? \_\_\_\_\_  
 Did you have a stop sign against you? \_\_\_\_\_ Other car \_\_\_\_\_  
 Were you on a thru street or highway? \_\_\_\_\_ Other car \_\_\_\_\_  
 Where was other car when you first saw it? \_\_\_\_\_  
 Was your view obstructed? \_\_\_\_\_ Other driver's \_\_\_\_\_  
 What did you do to avoid the accident? \_\_\_\_\_

Weather Condition Clear  Rain  Snow  Fog  Freezing  Other \_\_\_\_\_  
 Road Condition Dry  Wet  Icy  Snow covered  Other \_\_\_\_\_  
 Do you think you were partially at fault? \_\_\_\_\_  
 Are you making claims against anyone? \_\_\_\_\_  
 If so, against whom? \_\_\_\_\_ Amount \$ \_\_\_\_\_

**DAMAGE TO YOUR VEHICLE**

Please describe the damage to your vehicle \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please attach estimates if available

<b>PASSENGERS IN YOUR CAR</b>	Name	Address	Phone No.
	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
<b>PERSONS INJURED</b>	Name	Age	Kind of Injury
	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
<b>WITNESSES BESIDES PASSENGERS</b>	Name	Address	Phone No.
	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
<b>POLICE</b>	Did Police Investigate? _____ Officer's Name and/or Badge No. _____		
	Was either driver arrested or issued a ticket? _____		
<b>BRIEF DESCRIPTION OF ACCIDENT</b>	_____ _____ _____ _____ _____		

PLEASE DRAW A DIAGRAM OF THE SCENE OF ACCIDENT.

INDICATE NORTH BY ARROW IN THIS CIRCLE



**FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:**  
 Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in a state prison.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_