

# CLAIMANT'S ACCIDENT REPORT (AUTO)

Date \_\_\_\_\_, 20\_\_\_\_\_

Claimant Name \_\_\_\_\_

Address \_\_\_\_\_

Home telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

## DESCRIPTION OF YOUR AUTOMOBILE: (Show as car No. 1 on chart)

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ License No. \_\_\_\_\_

Registered Owner \_\_\_\_\_ Address \_\_\_\_\_

Name of Driver \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_

What was the purpose of your trip? \_\_\_\_\_

For whom was the trip being made? \_\_\_\_\_

Do you have any collision insurance for damage to your car? \_\_\_\_\_

If "yes", what is the name of your Insurance Company? \_\_\_\_\_

Estimated cost of repairs to your auto \$ \_\_\_\_\_ Car currently located at \_\_\_\_\_

## PROPERTY DAMAGE:

Describe Property \_\_\_\_\_

Estimated cost of Repairs or Replacement \$ \_\_\_\_\_ Location \_\_\_\_\_

Was anyone injured? \_\_\_\_\_ If "yes," please answer the following:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Describe injuries, treatment, and physician \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Describe injuries, treatment, and physician \_\_\_\_\_

## LIST OCCUPANTS OF YOUR AUTOMOBILE:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

## DESCRIPTION OF OTHER VEHICLE: (Show as No. 2 on chart)

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ License No. \_\_\_\_\_

Driver \_\_\_\_\_ Address \_\_\_\_\_

Were there any occupants other than the driver? \_\_\_\_\_ If so, how many? \_\_\_\_\_

**IMPORTANT: LIST WITNESSES NOT IN EITHER AUTOMOBILE INVOLVED**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**STATEMENT OF ACCIDENT – PLEASE ANSWER EVERY QUESTION**

Accident Date \_\_\_\_\_ 20\_\_\_\_ Time \_\_\_\_\_ M

Location of Accident \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Direction you were traveling \_\_\_\_\_ What street? \_\_\_\_\_ Speed \_\_\_\_\_

Direction other car traveling \_\_\_\_\_ What street? \_\_\_\_\_ Speed \_\_\_\_\_

Did either driver violate any traffic law? \_\_\_\_\_ Which car? \_\_\_\_\_

Explain \_\_\_\_\_

If accident occurred at an intersection:

Speed of each car as it entered the intersection \_\_\_\_\_ Your Car \_\_\_\_\_ Other Car \_\_\_\_\_

Which car entered the intersection first? \_\_\_\_\_

Was the view of either driver obstructed? \_\_\_\_\_ Speed limit at point of accident \_\_\_\_\_

Where was the other car when you first saw it? \_\_\_\_\_

Where was your car at that time? \_\_\_\_\_

Was your seat belt and those of all passengers fastened? \_\_\_\_\_

Whose seat belt was not fastened? \_\_\_\_\_

Check weather conditions: Wet \_\_\_\_\_ Dry \_\_\_\_\_ Rain \_\_\_\_\_ Fog \_\_\_\_\_ Snow \_\_\_\_\_

If at night, were lights working on your car \_\_\_\_\_ Headlights \_\_\_\_\_ Taillights \_\_\_\_\_

Other Car \_\_\_\_\_ Headlights \_\_\_\_\_ Taillights \_\_\_\_\_

Length of skid marks left by your car \_\_\_\_\_ Other car \_\_\_\_\_

What did you say about the accident? \_\_\_\_\_

What did other driver say about the accident? \_\_\_\_\_

Was there any indication of intoxication? \_\_\_\_\_ In which car? \_\_\_\_\_

Date Accident Reported to Police Department \_\_\_\_\_

Name of Officer \_\_\_\_\_ What Station \_\_\_\_\_ City \_\_\_\_\_

Either Driver Cited or Arrested \_\_\_\_\_ You \_\_\_\_\_ Other Driver \_\_\_\_\_ Charges \_\_\_\_\_

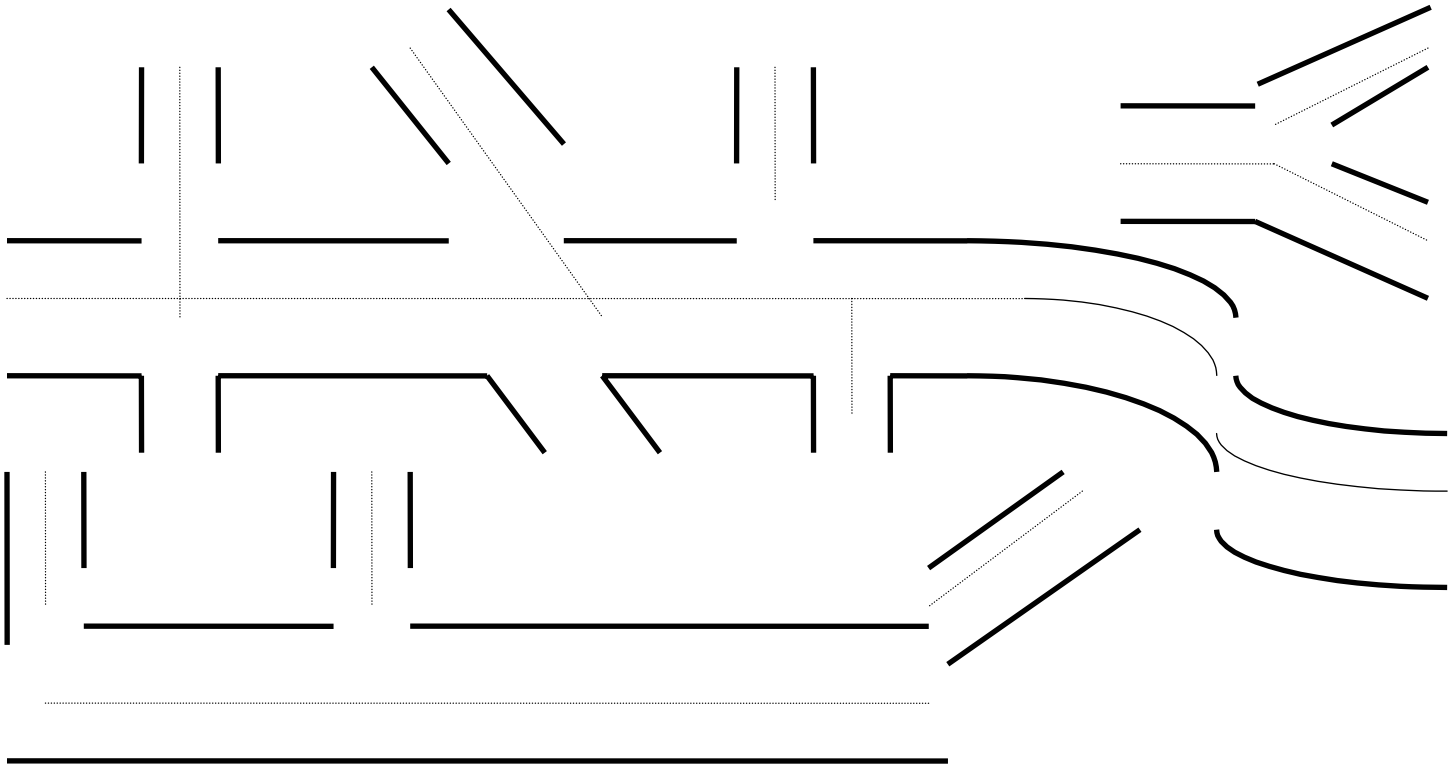
Date of Hearing \_\_\_\_\_ Place \_\_\_\_\_ Name of Judge \_\_\_\_\_

**IMPORTANT: DESCRIBE IN YOUR OWN WORDS HOW ACCIDENT OCCURED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRAW ROUGH DIAGRAM OF ACCIDENT:**

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: o railroads by // // // // // 4. Indicate your position with a star, thus: (\*).



Has your car been repaired? \_\_\_\_\_ If so, attach receipted bill; if not, attach estimate of repairs from two well known garages. This report must be signed by both owner and driver of vehicle:

**SIGNATURES:**

Owner \_\_\_\_\_ Driver \_\_\_\_\_

Date \_\_\_\_\_