



# Accident Report

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*"Solutions you can understand"*

1. Name \_\_\_\_\_ Occupation \_\_\_\_\_

2. Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

3. Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

4. In what company do you carry your insurance? \_\_\_\_\_

5. Kind of Insurance Carried \_\_\_\_\_ Liability \_\_\_\_\_ Collision \_\_\_\_\_ Comp \_\_\_\_\_

6. Place of Accident \_\_\_\_\_

7. Date and Time \_\_\_\_\_

8. Type of Damage \_\_\_\_\_

9. Vehicle Information. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

10. Name of Owner \_\_\_\_\_

11. Name of Driver \_\_\_\_\_

12. All other vehicles involved in the accident. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

License Plate Number \_\_\_\_\_

13. Name and Address of occupants of your car \_\_\_\_\_

14. Was anyone riding in your car injured? \_\_\_\_\_

15. Name and address of injured. \_\_\_\_\_

16. Witnesses? \_\_\_\_\_

17. How did accident happen? Give full account, stating speed and direction of each vehicle involved.

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

18. When and where can your vehicle be inspected? \_\_\_\_\_

19. Amount for which you are making claim. \$ \_\_\_\_\_

20. Signature \_\_\_\_\_ Date \_\_\_\_\_