

# REPORT OF MOTOR VEHICLE ACCIDENT

File No. \_\_\_\_\_

**YOU**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

**OTHER PARTY**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

**YOUR VEHICLE**  
Yr, Make & Model \_\_\_\_\_  
License # \_\_\_\_\_  
Driven by \_\_\_\_\_ Age \_\_\_\_\_  
Actual Owner \_\_\_\_\_

**OTHER VEHICLE**  
Yr, Make & Model \_\_\_\_\_  
License # \_\_\_\_\_  
Driven by \_\_\_\_\_ Age \_\_\_\_\_  
Actual Owner \_\_\_\_\_

## INSURANCE ON YOUR VEHICLE

Your liability-collision and/or other ins. co.'s name \_\_\_\_\_  
Your local agent's name and address \_\_\_\_\_  
Policy # \_\_\_\_\_ Has your ins. co. repaired your car? \_\_\_\_\_ Authorized repairs? \_\_\_\_\_  
Do you have medical pay coverage? \_\_\_\_\_ If so, amount? \_\_\_\_\_

## FACTS OF ACCIDENTS

Date \_\_\_\_\_ Time \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Direction your vehicle was going? \_\_\_\_\_ Other Vehicle? \_\_\_\_\_  
Your speed? \_\_\_\_\_ Other Vehicle? \_\_\_\_\_  
Did you signal – how? \_\_\_\_\_ Other Vehicle? \_\_\_\_\_  
Did you have a STOP sign against you? \_\_\_\_\_ Other Vehicle? \_\_\_\_\_  
Were you on a THRU street or highway? \_\_\_\_\_ Other Vehicle? \_\_\_\_\_  
Where was the other vehicle when you first saw it? \_\_\_\_\_  
Was your view obstructed? \_\_\_\_\_ Other driver's? \_\_\_\_\_  
What did you do to avoid an accident? \_\_\_\_\_  
Condition of weather? Clear  Rain  Snow  Fog  Freezing   
Condition of road? Dry  Wet  Icy  Snow Covered   
Other \_\_\_\_\_  
Do you think you were partially at fault? \_\_\_\_\_ Are you making a claim against anyone? \_\_\_\_\_  
If so, against whom? \_\_\_\_\_ Amount? \_\_\_\_\_

## DAMAGE TO YOUR CAR OR PROPERTY

Please obtain 2 estimates and attach. List below who the estimates were from and the amount of the estimate:  
1. \_\_\_\_\_ Amount\$ \_\_\_\_\_  
2. \_\_\_\_\_ Amount\$ \_\_\_\_\_  
If car or property was repaired, attach bill. Actual cost? \_\_\_\_\_  
Where is your car now? City \_\_\_\_\_ State \_\_\_\_\_

PLEASE COMPLETE PAGE 2

**PASSENGERS  
IN YOUR CAR**

| Name     | Address | Phone # |
|----------|---------|---------|
| 1. _____ | _____   | _____   |
| 2. _____ | _____   | _____   |
| 3. _____ | _____   | _____   |

**WAS ANYONE  
INJURED?**

Yes  No

**PERSONS INJURED  
(Describe Injuries)**

| Name     | Age   | Kind of Injury | Doctor |
|----------|-------|----------------|--------|
| 1. _____ | _____ | _____          | _____  |
| 2. _____ | _____ | _____          | _____  |
| 3. _____ | _____ | _____          | _____  |

**WITNESSES  
BESIDES  
PASSENGERS**

| Name     | Address | Phone # |
|----------|---------|---------|
| 1. _____ | _____   | _____   |
| 2. _____ | _____   | _____   |
| 3. _____ | _____   | _____   |

**POLICE**

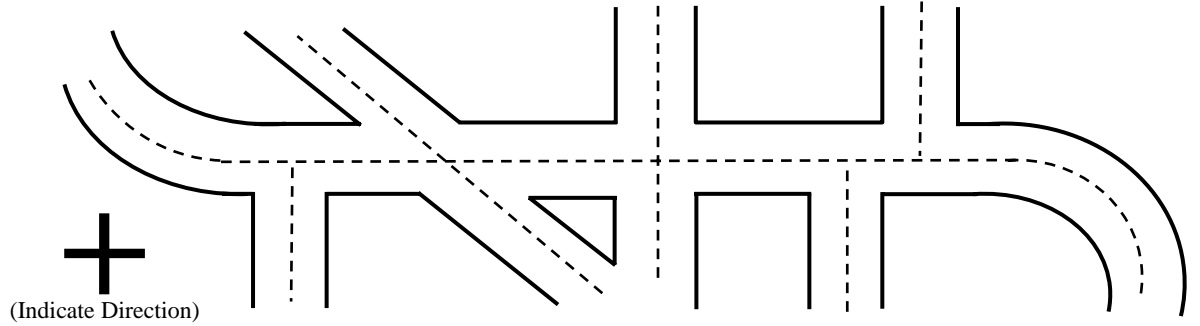
Did police investigate? \_\_\_\_\_ Officer's Name and/or Badge? \_\_\_\_\_  
Was either driver arrested or issued a ticket? \_\_\_\_\_  
Report # \_\_\_\_\_ Phone # to contact law enforcement officer \_\_\_\_\_

**BRIEF  
DESCRIPTION OF  
ACCIDENT**

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

**DIAGRAM OF  
ACCIDENT**

Please draw a diagram showing position of your vehicle **A** and other vehicle **B** etc. on street at moment of impact.



**SIGNATURE**

Date \_\_\_\_\_ Signature \_\_\_\_\_