



Your Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Owner: \_\_\_\_\_ Driver: \_\_\_\_\_ Driver License: \_\_\_\_\_

Your Auto: \_\_\_\_\_  
Year Make Body Type VIN No. GL No.

Date of Accident: \_\_\_\_\_ Time (AM/PM): \_\_\_\_\_ Location: \_\_\_\_\_

Weather - Road Condition (clear, dry, wet, day, night, etc.) \_\_\_\_\_

Estimate of Repair: \_\_\_\_\_ Auto Repair Shop: \_\_\_\_\_

Was anybody injured? \_\_\_\_\_ How many people were in your car? \_\_\_\_\_

Name	Address	Telephone	Nature of injury

Any witnesses to the accident? \_\_\_\_\_ Who? \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Did you report the accident to the authorities? \_\_\_\_\_ Location of the accident: \_\_\_\_\_

What was the direction of your auto? \_\_\_\_\_ Approximate speed (MPH) \_\_\_\_\_

What was the direction of other auto? \_\_\_\_\_ Approximate speed (MPH) \_\_\_\_\_

Was your view obstructed? \_\_\_\_\_

Where was other auto when you first saw it? \_\_\_\_\_ How far? \_\_\_\_\_

Was anyone intoxicated? \_\_\_\_\_ Did you see any warning signal? \_\_\_\_\_

What part of other auto was struck by your auto? \_\_\_\_\_

What part of other auto was struck by other auto? \_\_\_\_\_

Please tell us just how the accident occurred.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Draw rough diagram of the accident.



How much is your claim? \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_