

# Driver's report of accident

Member name:

Claim #:

Member address:

## ACCIDENT INFORMATION

Date of accident:

Time of accident:

Description of accident:



AM

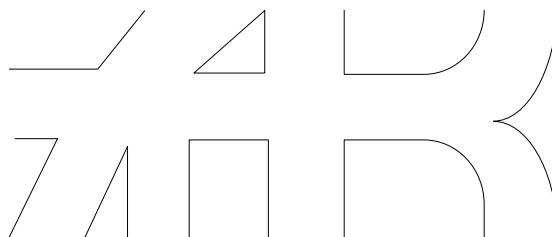
PM

Place of accident (Street or highway, city or town and state):



## DIAGRAM OF ACCIDENT

Draw vehicles in the form of a of rectangle. Label our vehicle "A" and the other vehicle "B". Show the point of impact and where the vehicles stopped after the accident.



## YOUR VEHICLE INFORMATION

Year:

Make:

Model:

Plate #:

State:






VIN (vehicle I.D. #):

Vehicle #:

Color:

Location #:





Address of where vehicle is assigned:

Driver's name:

Telephone #:

Age:

Social security #:





Address:

Driver's license #:

DL state:




Description of damage:

Was vehicle towed?

Location of vehicle:

YES

NO

## YOUR VEHICLE PASSENGER INFORMATION

Passenger(s) name:

Telephone #:

Address:




## In case of motor vehicle accident (please keep this form in your document pouch)

- Take necessary precautions to protect the scene of the accident from further accidents
- Call the police and your manager. If someone is injured, request medical assistance. If fire is involved, request fire department aid
- If possible, take photos of damage to vehicles and surrounding area (intersection, roadway, weather, etc)
- Answer police questions. Give identifying information to other party involved, but make no comments about assuming responsibility
- Complete the driver's report of accident. You will need this information later for state and insurance reports
- As soon as possible, turn this form in to your supervisor so they can report the claim in a timely manner to the CSD Pool
- Ensure the claim number given to you at intake is referenced on email and/or fax

**OTHER VEHICLE  
INFORMATION**

Driver's name: Telephone #: Address:

Age: Social security #: Driver's license #: DL state:

Year: Make: Model: Plate #: State:

Owner of vehicle: Owner's address: Insurance company: Policy #:

Description of damage: Was vehicle towed? Location of vehicle:  
  YES  NO

**OTHER VEHICLE  
PASSENGER INFORMATION**

Passenger(s) name: Telephone #: Address:

**POLICE INVESTIGATION**

*When reporting this accident, the customer service representative will complete the notice of loss by asking you the necessary questions. Please have the information ready from the driver's report of accident in this brochure. Before you hang up, the customer service representative will give you a claim number. Using this claim number will help expedite the handling of the rest of the claim. Please include the claim number with all future correspondence.*

Were police notified? Police: Precinct: Report #:  
 YES  NO  City  State

Police officer name: Badge #: Was anyone cited?  
   NO  YOU  Other vehicle

**INJURED PERSONS**

Name: Telephone #: Address:

Age: Sex: Transported from scene?: Transported to (if applicable): Injured person was:  
  M  F  YES  NO   Driver  Passenger  In other vehicle  Pedestrian

**WITNESSES**

Name: Telephone #: Address:

Name: Telephone #: Address:

**DAMAGE TO PROPERTY**

Damaged property: Extent of damage:

Owner: Telephone #: Address:

