

ACCIDENT REPORT

DATE _____ **TIME** _____

DRIVER _____
TRACTOR _____ **TRAILER** _____

LOCATION _____
CITY _____ **STATE** _____

INJURIES _____ **FATALITIES** _____

TRANSPORT TO _____

BY _____

TOWED TO _____

BY _____

LAW ENFORCEMENT AGENCY _____

LOCATION _____

PHONE _____ **REPORT #** _____

OTHER VEHICLE:

YEAR _____ **MAKE** _____ **MODEL** _____

LICENSE _____ **STATE** _____

VIN _____

PREVIOUS DAMAGE _____

OTHER PERSON INFORMATION:

NAME _____

ADDRESS _____

PHONE _____ **LICENSE** _____

INSURANCE COMPANY _____

AGENT _____ **PHONE** _____

POLICY _____

WITNESSES

NAME _____
ADDRESS _____
CITY _____ STATE _____
PHONE _____

NAME _____
ADDRESS _____
CITY _____ STATE _____
PHONE _____

NAME _____
ADDRESS _____
CITY _____ STATE _____
PHONE _____

DESCRIPTION OF DAMAGE:

REPORTED TO: _____

TO INSURANCE: _____

TAKEN BY: _____

YOUR VEHICLE

Name of Insured _____

Make of Car _____

Motor No. _____

Driver's Name _____

Address _____

Phone Number _____

Did Police Make a Report? _____

If witness or witnesses are in another car and refuse to give their names, write down the license number.

License No. _____ License No. _____

REMARKS: _____

SIGNED _____

NOTE: USE THIS SPACE FOR ANY ADDITIONAL DATA CONCERNING THIS ACCIDENT.

ACCIDENT REPORT

Keep this form in the glove compartment of your car. In case of an accident, fill in all available information right at the scene.

DAMAGE TO PROPERTY OF OTHERS

Owner _____ Phone _____

Address _____ State Lic. _____

Make of Car _____ Year _____

Driver _____ Phone _____

Address _____

Chauffeur or Driver's License No. _____

Is other car insured? _____ Name of Co. _____

Damage: NOTE CAREFULLY _____

WITNESSES

1. Name _____

Address _____ Phone _____

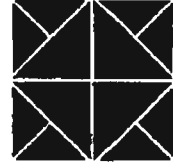
Where was witness? _____

2. Name _____

Address _____ Phone _____

Where was witness? _____

TELEPHONE
(937) 228-4135



P.O. BOX 37
DAYTON, OH 45401

Brower

PERSONS INJURED

1. Name _____ Age _____
 Address _____ Phone _____
 Nature of injuries _____
 Where was injured person taken _____

2. Name _____ Age _____
 Address _____ Phone _____
 Nature of injuries _____
 Where was injured person taken _____

POINT OF IMPACT

CHECK (X) FOR EACH VEHICLE

A B C A B C

(YOUR VEHICLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(YOUR VEHICLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SKETCH OF ACCIDENT

Date _____ Time _____
 Place of accident (name streets) _____
 City and State _____
 Road surface and condition _____
 Weather conditions _____

	OUR CAR	OTHER CAR
Going Which Direction		
Speed (Miles Per Hour)		
Which Side of Street		
Distance From Curb		
Signals (Horn or Hand)		

DESCRIBE BRIEFLY WHAT HAPPENED:



IMPORTANT

Always identify your vehicle with "A". Show position of vehicles at time you first saw other vehicle, at time of impact, and when they came to a stop. Take measurements of skidmarks, physical marks or other things that will verify your report of how the accident happened. Check your sketch with police if possible.

**FOR FAST PROCESSING
 OF YOUR CLAIM
 GET ALL THE FACTS YOU CAN**