

File Number _____ Date of Accident _____

Location of Accident _____

Driver Name	Address	Phone

Please describe what you saw happen in the accident. You may draw a diagram on the reverse to help explain what occurred.

Who do you believe was responsible for the accident? Why? _____

Was anyone injured in the accident? Who? _____

Do you personally know any of the people involved in the accident? Who? _____

Please provide the names and addresses of any other people who saw the accident.

Name	Address	Phone

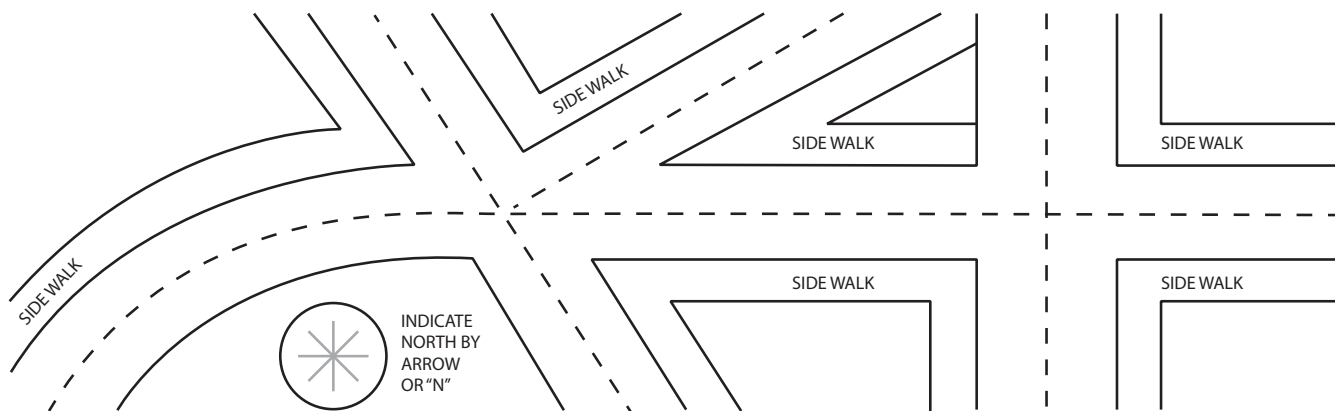
Signature _____ Date _____

Your Name _____ Daytime Phone _____

DIAGRAM OF ACCIDENT

Please fill in the diagram printed below, showing position of automobile and injured person (or other vehicle with which insured's automobile collided) with direction in which both were proceeding.

Be sure to indicate location of traffic controls (e.g., signals, signs, lights, police markers) and sidewalk if applicable.



→ DIRECTION

1 VEHICLE 1

2 VEHICLE 2

(P) PEDESTRIAN/NON-MOTORIST

(L) TRAFFIC LIGHT

(S) STOP SIGN



ADDITIONAL NOTES