



DRIVER'S ACCIDENT REPORT

INFORMATION ABOUT WITNESSES AND PASSENGER(S)

Name:

Phone: (H) _____ (W) _____
Address:

Were they: in your vehicle? Other vehicle? On street?

--
Name:

Phone: (H) _____ (W) _____
Address:

Were they: in your vehicle? Other vehicle? On street?

NOTES

Completed by:

Date:

Driver: Submit this completed report form to Centurion **IMMEDIATELY**. If information is not complete, **DO NOT DELAY**, many details can be obtained later.

GENERAL INFORMATION

Named Insured:
Insurance Company:
Policy Number:
Policy Period:

WHAT YOU SHOULD DO:

**DO NOT ADMIT FAULT OR RESPONSIBILITY FOR THE ACCIDENT.
DOING SO COULD IMPINGE ON YOUR INSURER'S RIGHTS
AND INVALIDATE COVERAGE.**

- 1. Exchange driver information and secure all information requested in this form.**
- 2. Carefully examine damage to all vehicles. Take pictures, if possible.**
- 3. Make certain that you clearly and concisely give any investigating officer your version of the accident.**
- 4. Determine if there are any witnesses who support your version of the accident. Enter their information on this form.**
- 5. Do not talk to anyone about this accident except your employer, the investigating officer, and your insurance agent or company.**
- 6. Cooperate with parties at the scene. Give your name and drivers license number as requested.**

INFORMATION ABOUT THE ACCIDENT

Date and time of accident:

Location of accident:

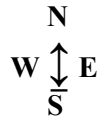
Authority contacted and City:
FIRE:

POLICE:
Officers name and badge #:

Report #

DESCRIPTION OF THE ACCIDENT

Please describe how the accident occurred. Draw a simple diagram showing the placement of vehicles. (Need more space? See Notes, page 4.)

**INFORMATION ABOUT INJURED PERSON(S)**

Name:

Phone: (H)

(W)

Nature of injury:

Were paramedics and/or an ambulance summoned?

Did this injured person receive treatment?

Were they in your vehicle?

Other vehicle?

On street?

Name:

Phone: (H)

(W)

Nature of injury:

Were paramedics and/or an ambulance summoned?

Did this injured person receive treatment?

Were they in your vehicle?

Other vehicle?

On street?

INFORMATION ABOUT YOU AND YOUR VEHICLE

Your name:

Phone: (H)

(W)

Address:

Your date of birth:

Your drivers license # and state:

Year and make of your vehicle:

Vehicle ID#:

Vehicle license plate # and state:

Describe damage to your vehicle:

INFORMATION ABOUT THE OTHER PARTY AND THEIR VEHICLE

Driver's name:

Phone: (H)

(W)

Address:

Their drivers license # and state:

Year and make of their vehicle:

Vehicle ID#:

Vehicle license plate # and state:

Vehicle owner's name and address (if not driver):

Describe damage to their vehicle and/or property:

Name of their insurance company and/or agent:

Policy #:

Phone #: