

ACCIDENT INVESTIGATION FORM – DRIVER

866-221-0095, Option #1

Driver Information		Claimant Information	
Driver Name:		Claimant Name:	
Driver Phone:		Claimant Phone:	
Driver's License No.:		Claimant Address:	
Police Information		Witness Information	
Name of Officer:		Witness 1 Name/Phone:	
Hwy, Patrol, Sheriff:		Witness 2 Name/Phone:	
Report No.:		Witness 3 Name/Phone:	
Accident Information			
Date of Accident:		Time of Accident:	
Street(s):		State:	
City:		Zip:	
Accident Description <i>Full description of location, all involved parties and road/weather conditions.</i>			
Anyone taken by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Was any vehicle towed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dash Cam Video available? <i>If yes, provide.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
IMPORTANT: Take photos of claimant vehicle damage and scene of accident.			
Vehicle Information			
Insured Vehicle Make/Model:		Other Vehicle Make/Model:	
Insured Vehicle Year:		Other Vehicle Year:	
Insured Vehicle VIN:		Other Vehicle VIN:	