## **Driver's Accident Report Form**

## IN THE EVENT OF AN ACCIDENT

NONPROFIT / INSURED

**Driver –** Complete all items to the best of your ability, sign and date page 3, and immediately give it to your supervisor.

**Supervisor** – Fax this Driver's Accident Report form to your <u>insurance broker</u> immediately.

**BROKER** – Refer to our website for instructions on claim reporting.

If a claim needs to be reported after business hours or on the weekend, call (866) 718-1947. This number is reserved for true claims emergencies after business hours and weekends.

Name of Driver (first and last)				Driver's Age Dri		er License No	. State	
Driver's Address – Street City			State	Zij	p Te	lephone No.		
		,		·		. (	)	
Name of Nonprofit / I	Employer					ANI/NI	IAC Policy Number	
Nonprofit/Employer Contact Name			Contact Em	nail Address				
Nonprofit / Employer Address – Street		City	City		Zip	Telepho	Telephone No.	
						(	)	
Make of Nonprofit's Vehicle		Body Type	Year	License Plate #		V	V.I.N. (last four digits)	
Damage to Nonprofit	r's Vehicle:							
	Day of Week (circle on		Time of Acci		Location - Street	or Highway &	City	
Date of Accident	Day of Week (circle on Mon Tue Wed T	e) hurs Fri Sat Sun	Time of Acci	dent AM / PM				
Date of Accident	Day of Week (circle on Mon Tue Wed T		Time of Acci		Direction (circle on	e)	City  Speed (approximate)	
Date of Accident On what street were	Day of Week (circle on Mon Tue Wed T you driving?		Time of Acci		Direction (circle on N S	e) E W	Speed (approximate)	
Date of Accident On what street were	Day of Week (circle on Mon Tue Wed T		Time of Acci		Direction (circle on N S  Direction (circle on	e) E W		
Date of Accident On what street were On what street was c	Day of Week (circle on Mon Tue Wed T you driving?	hurs Fri Sat Sun			Direction (circle on N S Direction (circle on N S	e) E W	Speed (approximate)	
Accident Information  Date of Accident  On what street were  On what street was composed to the properties of the proper	Day of Week (circle on Mon Tue Wed T you driving?	hurs Fri Sat Sun	Time of Acci		Direction (circle on N S  Direction (circle on	e) E W	Speed (approximate)	
On what street were On what street was c	Day of Week (circle on Mon Tue Wed T you driving? other vehicle driving?	hurs Fri Sat Sun			Direction (circle on N S  Direction (circle on N S  Citation/Report #	e) E W	Speed (approximate)  Speed (approximate)	

(Use the back of this sheet if additional space is needed; please use the diagrams on page 3 to draw the accident)







## Passenger(s) in Your Vehicle (attached additional pages if needed)

Name (first and last)	Telephone No.	Ema	ail Address		Age	Injuries?	
	( )					☐ Yes	☐ No
Name	Telephone No.	Ema	Email Address		Age	Injuries?	
	( )					☐ Yes	☐ No
Name	Telephone No.	Ema	Email Address		Age	Injuries?	
	( )					☐ Yes	☐ No
Ambulance called to scene? Name of doctor or ho	spital	<b>,</b>			1	ı	
☐ Yes ☐ No							
Other Vehicle Involved							
Name of Driver (first and last)				Driver License No.			State
Address - Street	City/State/Zip		Telephone	No.	Email Addı	ress	
			( )				
Name of Vehicle Owner (if different than above)	-		Telephone	No.	Email Addı	ress	
			( )				
Name of Insurance Company		Policy #			Telephone	No.	
					( )		
Year/Make of Vehicle	Body Type			License Plate No.			State
Damage to Vehicle:							
D						T	
Passenger's Name (first and last)	i Telenhone No	F	mail Address		Ane	I Injuries?	
Passenger's Name (first and last)	Telephone No.	E	mail Address		Age	Injuries?	
Passenger's Name (first and last)  Passenger's Name (first and last)	Telephone No.  Telephone No.		Email Address Email Address		Age	Yes Injuries?	□ No
	( )					Yes	□ No
	( )					Yes Injuries?	□ No
Passenger's Name (first and last)	( )			Driver License No.		Yes Injuries?	□ No
Passenger's Name (first and last)  Other Vehicle Involved (if any)	( )		Email Address			Yes Injuries?	□ No
Passenger's Name (first and last)  Other Vehicle Involved (if any)	( )					☐ Yes Injuries? ☐ Yes	□ No
Passenger's Name (first and last)  Other Vehicle Involved (if any)  Name of Driver (first and last)  Address - Street	Telephone No.		Email Address		Age	☐ Yes Injuries? ☐ Yes	□ No
Passenger's Name (first and last)  Other Vehicle Involved (if any)  Name of Driver (first and last)	Telephone No.		Email Address	No.	Age	☐ Yes Injuries? ☐ Yes ☐ Yes	□ No
Passenger's Name (first and last)  Other Vehicle Involved (if any)  Name of Driver (first and last)  Address - Street  Name of Vehicle Owner (if different than above)	Telephone No.	E	Telephone	No.	Age Email Add	☐ Yes Injuries? ☐ Yes ress	□ No
Passenger's Name (first and last)  Other Vehicle Involved (if any)  Name of Driver (first and last)  Address - Street	Telephone No.		Telephone ( ) Telephone	No.	Age Email Add	☐ Yes Injuries? ☐ Yes ress	□ No
Passenger's Name (first and last)  Other Vehicle Involved (if any)  Name of Driver (first and last)  Address - Street  Name of Vehicle Owner (if different than above)  Name of Insurance Company	Telephone No. ( )  City/State/Zip	E	Telephone ( ) Telephone	No.	Age Email Add	☐ Yes Injuries? ☐ Yes ress	□ No □ No State
Passenger's Name (first and last)  Other Vehicle Involved (if any)  Name of Driver (first and last)  Address - Street  Name of Vehicle Owner (if different than above)	Telephone No.	E	Telephone ( ) Telephone	No.	Age Email Add	☐ Yes Injuries? ☐ Yes ress	□ No
Passenger's Name (first and last)  Other Vehicle Involved (if any)  Name of Driver (first and last)  Address - Street  Name of Vehicle Owner (if different than above)  Name of Insurance Company  Year/Make of Vehicle	Telephone No. ( )  City/State/Zip	E	Telephone ( ) Telephone	No.	Age Email Add	☐ Yes Injuries? ☐ Yes ress	□ No □ No State
Passenger's Name (first and last)  Other Vehicle Involved (if any)  Name of Driver (first and last)  Address - Street  Name of Vehicle Owner (if different than above)  Name of Insurance Company	Telephone No. ( )  City/State/Zip	E	Telephone ( ) Telephone	No.	Age Email Add	☐ Yes Injuries? ☐ Yes ress	□ No □ No State
Passenger's Name (first and last)  Other Vehicle Involved (if any)  Name of Driver (first and last)  Address - Street  Name of Vehicle Owner (if different than above)  Name of Insurance Company  Year/Make of Vehicle  Damage to Vehicle:	City/State/Zip  Body Type	Policy #	Telephone ( ) Telephone ( )	No.	Email Adda  Email Adda  Telephone	☐ Yes Injuries? ☐ Yes ress ress	□ No □ No State
Passenger's Name (first and last)  Other Vehicle Involved (if any)  Name of Driver (first and last)  Address - Street  Name of Vehicle Owner (if different than above)  Name of Insurance Company  Year/Make of Vehicle	Telephone No. ( )  City/State/Zip	Policy #	Telephone ( ) Telephone	No.	Age Email Add	☐ Yes Injuries?  Yes  Injuries?	□ No □ No State
Passenger's Name (first and last)  Other Vehicle Involved (if any)  Name of Driver (first and last)  Address - Street  Name of Vehicle Owner (if different than above)  Name of Insurance Company  Year/Make of Vehicle  Damage to Vehicle:  Passenger's Name (first and last)	City/State/Zip  Body Type  Telephone No. ( )	Policy#	Telephone ( ) Telephone ( )	No.	Email Adda  Email Adda  Telephone ( )	Injuries? Injuries? Injuries? Yes	No No State  State
Passenger's Name (first and last)  Other Vehicle Involved (if any)  Name of Driver (first and last)  Address - Street  Name of Vehicle Owner (if different than above)  Name of Insurance Company  Year/Make of Vehicle  Damage to Vehicle:	City/State/Zip  Body Type	Policy#	Telephone ( ) Telephone ( )	No.	Email Adda  Email Adda  Telephone	☐ Yes Injuries?  Yes  Injuries?	□ No □ No State  State

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On the diagrams below, please draw the accident. (Be sure to include any stop signs or traffic signals.)	Legend:  V 1 ► Your Vehicle  V 2 ► Other Vehicle  V 3 ► Other Vehicle (if any)  S
On the every head discrepance helevy places indicate the lev	
On the overhead diagrams below, please indicate the local back VAN front	back AUTO front

SIGNATURE OF DRIVER DATE