AUTOMOBILE ACCIDENT REPORT

Date	, 20						
Owner of Vehicle							
Address							
Home Phone			B	usiness Phone_			
ModelMake		Body	S	erial #		Year	
License No			M	Iileage			
Name of Your Insurance Company							
Kind of Insurance Carried							
Driver's Name							
Address							
Home Phone	e PhoneBusiness Phone						
License Number		State	A	AgeRelationship			
Date of Accident	e of Accident, 20TimeM. Permission to Drive						
Location of Accident							
OCCUPANTS	OF VEHICL	ES:	AGE	RELATION	INS VEH.	CLMT VEH.	
NAME		ADDRESS					
Injuries							
J							
Where Treated and by Whom							
,		MAGE TO PROPERT	Y OF OT	THERS			
Make of Car Year License No. State							
·	Owner's Name Address						
Driver's Name Address				Phone			
Where is property now?							
		ES (Include and Indica					
NAME		ADDRESS			<u>PHONE</u>		

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DAMAGE TO INSURED CAR

Description of damage					
Is vehicle drivable?	Vehicle location_				
Name and address of party that caused damage					
DESCRIPT	TION OF ACCIDENT				
Direction of insured vehicleStreet N	NameSpeed				
If vehicle collided with another, location of other	_Speed				
Were traffic signals or controls violated?	By whom?				
Weather at Time of Accident	Condition of Road				
SHOW HOW ACCIDENT HAP	PENED ON ONE OF THESE DIAGRAMS				
direction and distance each car traveled before the crash by so	Show each car's position at the moment when crash happened. Show olid line, thus: ————————————————————————————————————				
Who do you think caused the accident?					
Owner's Signature					

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