**AUTO ACCIDENT REPORT FORM**

Named Insured: Click or tap here to enter text.

Address of Named Insured: Click or tap here to enter text.

Policy Number: Click or tap here to enter text.

Company: Click or tap here to enter text.

Date of Loss: Click or tap here to enter text. Time: Click or tap here to enter text.

Phone No.: Click or tap here to enter text. Location of Loss: Click or tap here to enter text.

Description of Loss: Click or tap here to enter text.

Authorities Notified: Click or tap here to enter text.

Citation Issued?: Click or tap here to enter text.

Citation Issued to Whom & for What: Click or tap here to enter text.

**Insured Vehicle**

Owner: Click or tap here to enter text. Birth Date: Click or tap here to enter text.

Driver: Click or tap here to enter text. License No: Click or tap here to enter text.

Drivers Phone No: Click or tap here to enter text.

Address: Click or tap here to enter text. Soc. Sec.: Click or tap here to enter text.

Vehicle Year, Make, Model: Click or tap here to enter text.

VIN #: Click or tap here to enter text.

Trailer Year, Make, Model: Click or tap here to enter text.

Serial #: Click or tap here to enter text.

Damages: Click or tap here to enter text.

Passenger Name & Phone No.: Click or tap here to enter text.

**Claimant Vehicle**

Owner: Click or tap here to enter text. Phone No.: Click or tap here to enter text.

Address: Click or tap here to enter text. Birth Date: Click or tap here to enter text.

Driver: Click or tap here to enter text. License No: Click or tap here to enter text.

Address: Click or tap here to enter text. Soc. Sec.: Click or tap here to enter text.

Vehicle: Click or tap here to enter text. Plate No.: Click or tap here to enter text.

Vehicle Year, Make, Model, VIN #: Click or tap here to enter text.

Damages to Vehicle: Click or tap here to enter text.

Passenger Name & Phone No.: Click or tap here to enter text.

Property Damaged: Click or tap here to enter text.

Insurance Company & Policy No.: Click or tap here to enter text.

**Injured** **Party**

Name: Click or tap here to enter text. Age: Click or tap here to enter text.

Address: Click or tap here to enter text.

Injury: Click or tap here to enter text.

**Injured Party**

Name: Click or tap here to enter text. Age: Click or tap here to enter text.

Address: Click or tap here to enter text.

Injury: Click or tap here to enter text.

**Witness**:

Name: Click or tap here to enter text. Phone No.: Click or tap here to enter text.

Was witness in ☐ Insured Vehicle ☐ Other Vehicle ☐ or a Pedestrian?

**Witness**:

Name: Click or tap here to enter text. Phone No.: Click or tap here to enter text.

Was witness in ☐ Insured Vehicle ☐ Other Vehicle ☐ or a Pedestrian?

Report Prepared & Submitted to Agency by: Click or tap here to enter text.

Date: Click or tap here to enter text.

Phone No. of Person Preparing this report: Click or tap here to enter text.

Submit completed report to our Claims Page: **www.ip-sk.com/claims**