STATEMENT OF ACCIDENT

|  |  |
| --- | --- |
| DATE OF ACCIDENT       | TIME       |
|  |
| WHERE DID ACCICENT HAPPEN?       |
|  |
| NUMBER OF PERSONS IN YOUR CAR     | NUMBER OF PERSONS IN OTHER CAR     |
|  |
| MAKE OF YOUR CAR       | LICENSE PLATE NUMBER       |
|  |
| YEAR MODEL       |
|  |
| OWNER’S NAME AND ADDRESS       |
|       |
|  |
| DRIVER’S NAME       | AGE       |
|  |
| LICENSE NUMBER       |
|  |
| DRIVER’S ADDRESS       |
|  |
| WHAT PARTS OF YOUR CAR WERE DAMAGED?       |
|       |
|       |
|  |
| WHERE CAN CAR BE SEEN?       |
|  |
| WHAT COMPANY CARRIES YOUR AUTOMOBILE INSURANCE?       |
|       |
| WERE YOU INJURED?        | WAS ANYONE INJURED?       |
|  |
| GIVE NAME, AGE AND ADDRESS OF INJURED PERSON(S)       |
|       |
|       |
|       |
| NATURE OF INJURIES       |
|       |
| NAME AND ADDRESS OF DOCTOR       |
|       |
| NAME AND ADDRESS OF HOSPITAL       |
|       |
| WHERE DOES INJURED PERSON WORK?       |
|  |
| MAKE OF OTHER CAR       | LICENSE PLATE NUMBER       |
|  |
| OWNER’S NAME AND ADDRESS       |
|       |
| RATE OF SPEED AND DIRECTION OF TRAVEL       |
|  YOUR VEHICLE OTHER VEHICLE |
|  |
| EXPLAIN FULLY HOW ACCIDENT OCCURRED        |
|       |
|       |
|       |
|       |
|       |
|       |
| (IF ADDITIONAL SPACE IS NEEDED ATTACH SEPARATE SHEET) |
|  |
| DESCRIBE PROPERTY DAMAGE (IF OTHER THAN AUTOMOBILE)       |
|       |
|       |
|       |
|  |

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