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) | |
|  | |
|  | |
|  | |
|  | |

DFS-D0-261

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Rule 69H-2.008