



**DEPARTMENT OF FINANCIAL SERVICES**  
***Division of Risk Management***

STATEMENT OF ACCIDENT

DATE OF ACCIDENT		TIME
WHERE DID ACCIDENT 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)		