

Drivers description of accident to be filled out before leaving scene.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drivers signature \_\_\_\_\_

INSURED NAME \_\_\_\_\_ EFF. DATE \_\_\_\_\_

INSURING COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

Your Agent:



1-800-285-4788  
Klamath Falls: (541) 882-5507  
Eugene: (541) 349-8194  
Medford: (541) 608-6409

### DRIVERS' ACCIDENT REPORT

Complete this report at the scene of accident. If minor, submit to your employer upon your return to your office. If bodily injury is involved, call your office. Get as many witnesses as possible, even if they seem antagonistic. Make this report FACTUAL.

Your conduct at the scene is important. DO NOT argue. DO NOT discuss the accident with anyone except — your employer — a police officer, or YOUR insurance investigator. Be courteous in the exchange of information with the other party.

Indicate in street diagram, below, the exact position of each vehicle or person involved at the time of impact, with measurements where possible.

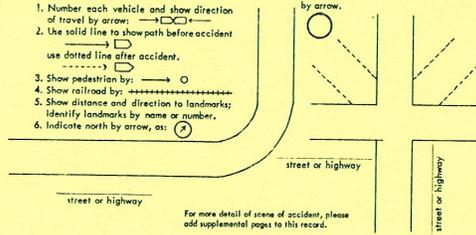
Witnesses Name, Address, Telephone Number

1. \_\_\_\_\_  
\_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_  
3. \_\_\_\_\_  
\_\_\_\_\_  
4. \_\_\_\_\_  
\_\_\_\_\_

#### INDICATE ON THIS DIAGRAM WHAT HAPPENED

Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

1. Number each vehicle and show direction of travel by arrow;
2. Use solid line to show path before accident; use dotted line after accident.
3. Show pedestrian by:
4. Show railroad by:
5. Show distance and direction to landmarks; identify landmarks by name or number.
6. Indicate north by arrow, as:



### ACCIDENT DATA

Date \_\_\_\_\_ Time \_\_\_\_\_

Place \_\_\_\_\_

Weather and road conditions \_\_\_\_\_

Your name \_\_\_\_\_ d.o.b. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Vehicle, make \_\_\_\_\_ Year \_\_\_\_\_

License No. \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Vehicle owned by \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Your direction \_\_\_\_\_ Speed \_\_\_\_\_

Signals given \_\_\_\_\_

#### OTHER VEHICLE

Driver's name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Vehicle, make \_\_\_\_\_ Year \_\_\_\_\_

License No. \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Vehicle owned by \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

His direction \_\_\_\_\_ Speed \_\_\_\_\_

Signals given \_\_\_\_\_

— In your opinion, who was at fault and why. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Officers name \_\_\_\_\_ City-County-State \_\_\_\_\_

Was citation issued \_\_\_\_\_ To whom? \_\_\_\_\_

For ? \_\_\_\_\_

#### INJURED PERSONS, IF ANY

(1) Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Type of injury \_\_\_\_\_

(2) Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Type of injury \_\_\_\_\_

#### PROPERTY DAMAGE

Owned by \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Description of property \_\_\_\_\_

\_\_\_\_\_

Type of damage \_\_\_\_\_

\_\_\_\_\_

Check carefully and describe accurately \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_