

# Auto Incident Report

Thoroughly complete this report and send it, along with additional supporting documentation, to your agent.

Named Member: \_\_\_\_\_ Policy # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Member Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact for the claim?  Yes  No If No, Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Agency: \_\_\_\_\_ Agency Contact Person/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Date of Incident:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time of Incident:** \_\_\_\_:\_\_\_\_ AM  PM

Location/Address of Incident: \_\_\_\_\_  
(Physical Address – if there is no specific address, describe location, i.e. cross streets)

Authorities Contacted?  Yes  No If Yes, Who? \_\_\_\_\_ Report Number: \_\_\_\_\_

Fully Describe the Incident: \_\_\_\_\_

**Member Vehicle:** Unit #: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Last 5 Digits of VIN: \_\_\_\_\_ Describe Damage: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Other Vehicle:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Describe Damage: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

## Injured Parties:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Extent of Injury: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Extent of Injury: \_\_\_\_\_

## Witnesses/Passengers:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_