



Constitutional Casualty Company

ACCIDENT REPORT

Please answer **ALL** questions on both sides.

CLAIM NO. _____

Claimant's Statement

**Description of
your car**

Make of car: _____ Year: _____ Body Type: _____ Lic. Plate No. _____
Owner: _____ Social Security No. _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Driver: _____ Age: _____ Marital Status: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Driver's License No. _____ E-mail Address: _____
For what purpose was the car being used at the time of the accident? _____
Describe the damages to your car: _____
Is the damage over \$500? Y N Is the car drivable? Y N
If the car is not drivable, where can it be seen? _____
List dates of prior accidents and describe any prior damage your vehicle had: _____
Including the driver, how many occupants were in your car? _____

**Description of
other car**

Make of car: _____ Year: _____ Body Type: _____ Lic. Plate No. _____
Owner: _____
Address: _____ City: _____ State: _____ Zip: _____
Driver: _____ Phone No. _____
Address: _____ City: _____ State: _____ Zip: _____
Describe damages to other car: _____ Drivable? Y N
Other driver's insurance company and claim/policy number: _____
Including the driver, how many occupants were in the other car? _____

**Time, place,
and other facts
of loss**

Date of accident: _____ Year: _____ Time: _____ AM PM daylight or dark? _____
Location: _____ City: _____ State: _____
Type of road: _____ Wet or Dry _____ Weather: _____
Your direction: _____ on what street _____
Other driver's direction: _____ on what street _____
Did you have a stop sign or a traffic light? _____ Other driver: _____
Did you fail to observe the stop sign or traffic light? _____ Other driver: _____
Which vehicle entered the intersection first? _____
What signal(s) did you give? _____ Other driver: _____
Were you drinking alcohol (beer, wine, liquor, etc)? _____ Other driver: _____
Were you ticketed for any traffic violations? _____ Other driver: _____
What violations? _____
Did you admit blame for the accident? _____ Other driver: _____
Was the accident reported to the police? Y N Which police dept (city or town)? _____ Report#: _____

**All other
witnesses**

List all witnesses to the accident who were not passengers in either car:

Name	Age	Address	Phone No.

Was anyone injured (please state yes or no) _____. If yes, give name, age, sex, and addresses of all persons injured in the accident:

Bodily Injury

Name	Age	Sex	Address	Injury Type	Which Vehicle

Where taken: _____

Doctor: _____ Address: _____

Other Insurance

Do you have coverage for Collision - Liability - Hospitalization - Doctor's Bills?

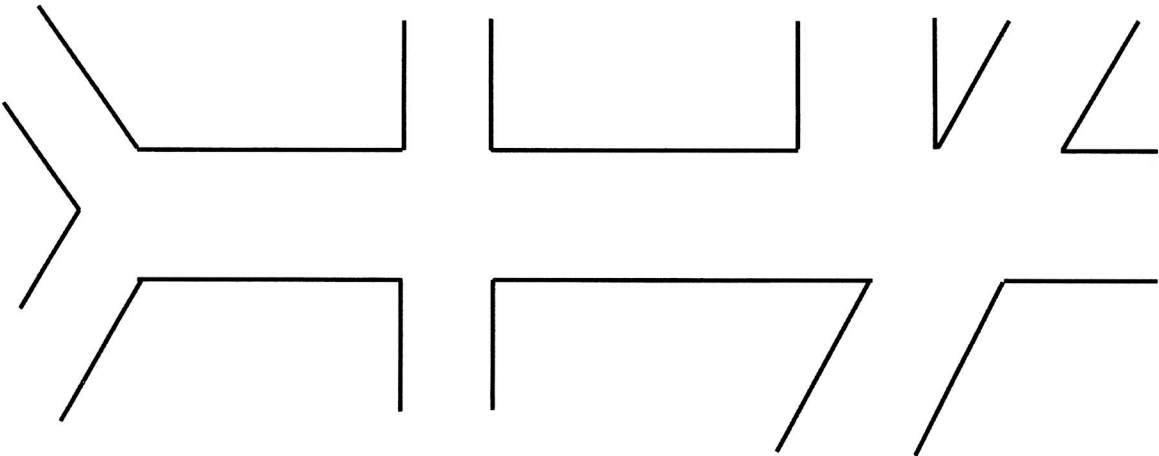
If so, list the companies and coverages: _____

Policy or Claim No. _____

ATTACH ANOTHER SHEET OF PAPER IF MORE SPACE IS NEEDED

IMPORTANT: Describe in your own words how the accident happened: _____

Please show on the diagram the names of streets, directions and locations of objects concerned, and TRAFFIC SIGNS and STOP SIGNS. Mark your car "A", and the other car "B". Show the points of impact and where the vehicles stopped after collision. Put in any helpful information. Indicate NORTH by arrow.



Signature of driver _____ Date: _____