



Constitutional Casualty Company

ACCIDENT REPORT

CLAIM NO. _____

Note: We need this form fully completed before we can give approval to repair your vehicle. Please answer **ALL** questions on both sides.

Description of your car

Make of car: _____ Year: _____ Body Type: _____ Lic. Plate No. _____
Owner: _____ Age: _____ Mtr. # _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Driver: _____ Age: _____ Relation to owner: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Was your permission given for the driver to use your car? _____
Driver's License No.(s) - Owner: _____ Driver: _____
Social Security No. Owner: _____ Driver: _____
For what purpose was the car being used at the time of the accident? (be specific) _____
Describe the damages to your car: _____
Estimate of repairs: _____ By who? _____
Where can the car be seen? _____
Is the car financed? _____ By whom? _____

Description of other car

Make of car: _____ Year: _____ Body Type: _____ Lic.#: _____
Owner: _____ Address: _____ Ph.#: _____
Driver: _____ Age: _____ Lic.#: _____
Driver's Address: _____ Ph.#: _____
Describe damages to car: _____
Estimate of repairs: _____ By whom? _____
Where can the car be seen? _____

Time, place and other facts of the accident

Date of accident: _____ Year _____ Time: _____ Morning, Daylight or Evening? _____
Location: _____ City: _____ State: _____
Was view of either party obstructed? _____ If so, by what? _____
Type of road: _____ Wet or Dry _____ Weather: _____
Your direction: _____ on what street _____
Other driver's direction: _____ on what street _____
When you first saw the other driver, what was your speed? _____ Other driver: _____
When the collision occurred, what was your speed? _____ Other driver: _____
Where were you when you first saw the other driver? _____
Where was the other driver when you first saw him/her? _____
Which vehicle entered the intersection first? _____
Did you have a sign or traffic light? _____ Other driver: _____
Did you fail to observe the sign or traffic light? _____ Other driver: _____
What signal(s) did you give? _____ Other driver: _____
Were you drinking alcohol? _____ Other driver: _____
Were you ticketed for any traffic violation by law enforcement? _____ Other driver: _____
Was the accident reported to the police? Y N Which police dept (city or town)? _____ Report#: _____
Was anything said about insurance _____ If so, what, when and by who? _____
Other driver's insurance company : _____ Policy#: _____ Agent: _____
Who representing the other party has been in touch with you? _____
Who was responsible for the accident? _____
Name and address of your attorney: _____

List all witnesses below:

All Witnesses

Name	Age	Address	Phone No.

Including the driver, list ALL occupants of your car below:

**Occupants of
your car**

Name	Age	Address	Phone No.

Including the driver, list ALL occupants of other car below:

**Occupants of
other 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: _____

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

Other Insurance

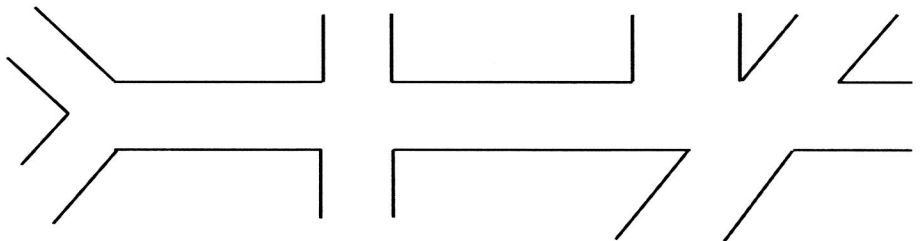
If so, list the companies and coverages: _____

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.



Signed this _____ day of: _____ 20 _____ City: _____ State: _____

Signature of driver _____