

CLAIMANT ACCIDENT STATEMENT

Today's Date: _____

Accident Date: _____

Vehicle Make and Model: _____ Year: _____ Plate: _____

Claimant's Name: _____

Current Home Address: _____

City/State/ZIP: _____

Home Telephone: _____ Cellular Number: _____

Employer Name: _____ Title: _____

Work Address: _____

City/State/Zip: _____

Work Telephone and Extension: _____ Work Fax Number: _____

Personal Auto Insurance Carrier: _____ Policy Number: _____

Your Vehicle Make and Model: _____ Year: _____ Plate: _____

Driver's Name: _____ #of Passengers: _____

Driver's License: _____ State: _____

Address/City/State/ZIP: _____

TELEPHONE NUMBERS: _____

Other Vehicle Make and Model: _____ Year: _____ Plate: _____

Other Driver's Name: _____ #of Passengers: _____

Driver's License: _____ State: _____

Address/City/State/ZIP: _____

TELEPHONE NUMBERS: _____

Was anyone injured in this accident (if **YES**, fill out information)

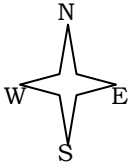
LIST ALL INJURED PARTIES

Name	Address	Telephone	Injury
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DECLARATION OF AUTOMOBILE ACCIDENT FACTS

I, the undersigned declare under the penalty of perjury under the laws of State of California. I witnessed the automobile accident described herein. If called to testify I can and will testify to the following accident facts:

Draw Diagram of Accident:



Accident Information:

Please list street name of accident and the direction of travel: _____

List intersection or major Cross Street: _____

City of Accident: _____ Accident Time: _____ Weather: _____

Witness Information:

Name	Address	Telephone
_____	_____	_____
_____	_____	_____

I, the undersigned declare under the penalty of perjury that the facts stated herein are true and correct.

Claimant's Signature: _____ Date: _____