

**YOUR VEHICLE**

Owner \_\_\_\_\_  
Driver \_\_\_\_\_  
CDL# \_\_\_\_\_  
Address \_\_\_\_\_  
  
Phone # \_\_\_\_\_  
Vehicle \_\_\_\_\_  
Vehicle ID# \_\_\_\_\_  
Vehicle Lic# \_\_\_\_\_  
Damages \_\_\_\_\_  
\_\_\_\_\_

**OTHER VEHICLE**

Owner \_\_\_\_\_  
Driver \_\_\_\_\_  
CDL# \_\_\_\_\_  
Address \_\_\_\_\_  
  
Phone # \_\_\_\_\_  
Vehicle \_\_\_\_\_  
Vehicle ID# \_\_\_\_\_  
Vehicle Lic# \_\_\_\_\_  
Damages \_\_\_\_\_  
\_\_\_\_\_

Ins Carrier \_\_\_\_\_  
Policy # \_\_\_\_\_  
Phone # \_\_\_\_\_

**POLICE/WITNESS INFORMATION**    ⇨    ⇨    ⇨    ⇨    ⇨    ⇨

**POLICE INFORMATION**

Name of Police \_\_\_\_\_  
Department \_\_\_\_\_  
  
Name of Officer \_\_\_\_\_  
  
Case # \_\_\_\_\_  
Badge # \_\_\_\_\_

**WITNESS INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
  
Phone # \_\_\_\_\_  
Insured Vehicle       Pedestrian   
Claimant's       Other Vehicle   
Vehicle \_\_\_\_\_

Witness's Description of Accident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Diocese of Sacramento

## Driver's Accident Report

If you are in an accident

- 1. Stop at once.**  
Check for Injuries and call for ambulance if needed.
- 2. Do not admit liability.**  
Make no statements regarding fault or payment of any bills.
- 3. Complete this report at the scene.**  
Obtain information on form and complete with as much detail as possible.
- 4. Immediately report accidents to:**

**Gallagher Bassett Services**  
Phone: (866) 841-0167 (toll free)  
Fax: (916) 403-1598



**ACCIDENT DETAILS**

Date \_\_\_\_\_  
 Time \_\_\_\_\_  
 Location \_\_\_\_\_  
 \_\_\_\_\_  
 Your Speed \_\_\_\_\_  
 Other Speed \_\_\_\_\_  
 Speed Limit \_\_\_\_\_  
 Citation Issued Yes  No   
 Against Whom \_\_\_\_\_  
 Reason \_\_\_\_\_







**INJURED PERSONS**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Type Injury \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Type Injury \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Type Injury \_\_\_\_\_



- Your Vehicle  Pedestrian  - Draw and name roadway, showing each vehicle, direction of travel and point of impact.
- Other Vehicle  Yield  - Indicate travel before the accident with a solid line and post-accident with a broken line.
- Third Vehicle  Stop Sign  - Please be as specific and detailed as possible.

Weather  Clear  Cloudy  Fog  Rain  Sleet  Snow Other \_\_\_\_\_  
 Condition  Dry  Wet  Icy  Pot Holes Other \_\_\_\_\_  
 Traffic Control  Traffic Light  Stop Sign  Railroad  No Intersection  No Control  
 Roadway Number of Lanes Each Direction \_\_\_\_\_  Residential  Divided Highway  Undivided Highway

**ACCIDENT DESCRIPTION**

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