

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) 403-1619



ACCIDENT DETAILS

Date _____
 Time _____
 Location _____

 Your Speed _____
 Other Speed _____
 Speed Limit _____
 Citation Issued Yes No
 Against Whom _____
 Reason _____

INJURED PERSONS

Name _____
 Address _____

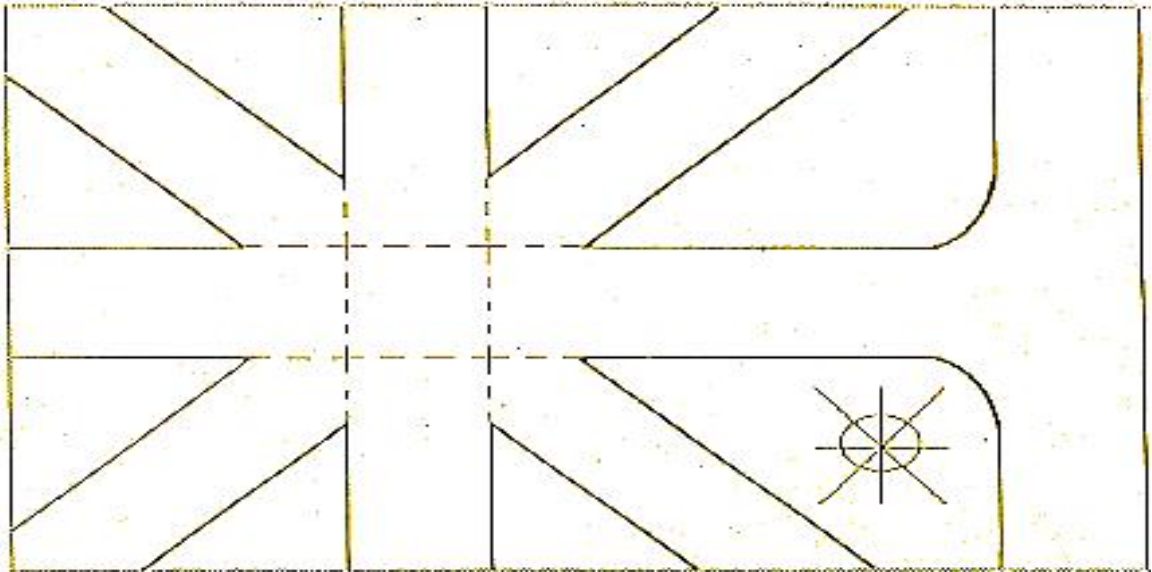
 Phone # _____
 Type Injury _____







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

