

PENNSYLVANIA DRIVER'S REPORT OF AUTOMOBILE ACCIDENT

POLICY NO. _____

CLAIM NO. _____

CAR OWNER Name _____ Social Security # _____
Home Address _____ Phone # _____
Employer's Name and Address _____ Phone # _____
Are you Married? _____ If yes, give name of spouse _____

YOUR AUTOMOBILE AND DRIVER Make _____ Model _____ Year _____ Serial # _____
Vehicle's License # _____ Driver's License # _____
Name of Driver _____ Date of Birth _____ Occupation _____

OWNER OF OTHER CAR Name _____
Address _____
Make _____ Model _____ Year _____ License # _____
Driver's Name and Address _____

TIME AND PLACE Date of Accident _____ 20 _____ Hour _____ Place of Accident _____
Road Condition _____ Weather Condition _____

DAMAGE TO YOUR CAR What part of your car was damaged? _____
What part of the other car was damaged? _____

DESCRIPTION OF ACCIDENT Was Report Made to Police? _____ Station _____
Was Anyone Charged? _____ Who? _____ Charges? _____
Traffic Control (Stop Sign, Signal Lights, Etc.) _____
Were Your Headlights On? _____
Direction Your Car Was Going? _____ Side of Street _____ Speed _____
Direction of Other Car? _____ Side of Street _____ Speed _____
Did You Give Warning Signal? _____ What Kind? _____
Did Other Car Give Warning? _____ What Kind? _____
Give Description of How Accident Happened _____

USE DIAGRAM ON REVERSE SIDE

PERSONS INJURED

Was Anyone Injured? _____

Name	Address	Age	Telephone #
_____	_____	_____	_____
_____	_____	_____	_____

Nature of Injuries _____

If Doctor was Called - Name _____

Address _____

OCCUPANTS OF YOUR CAR

Were There Any Occupants in Your Car? _____

Name	Address	Age	Telephone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

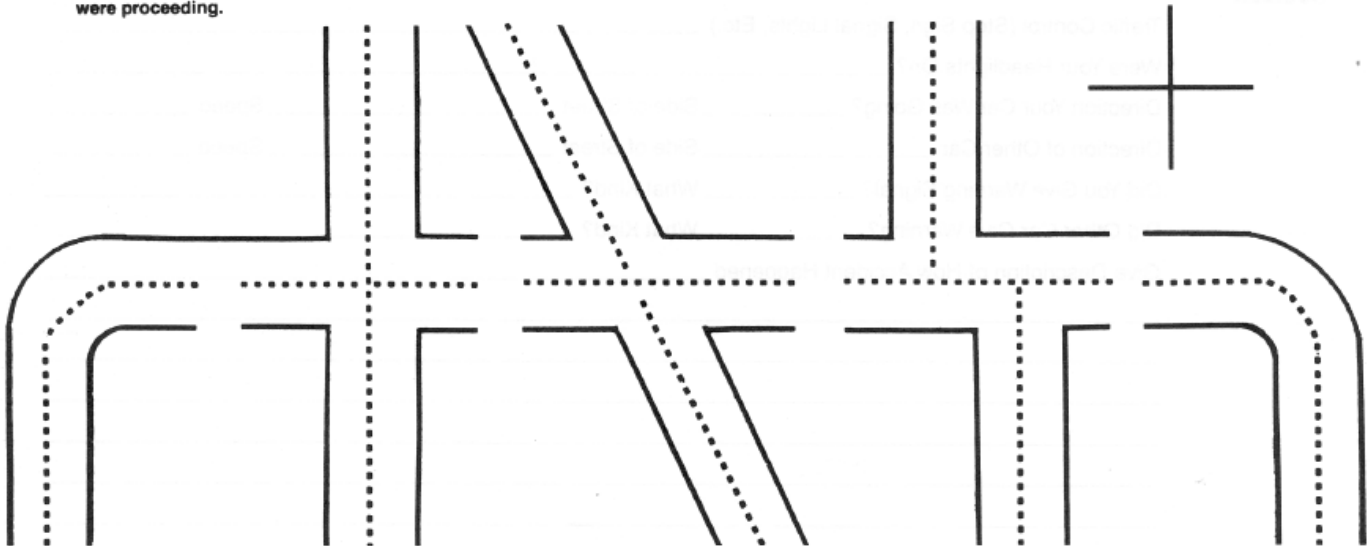
WITNESSES

Do You Know of Any Witnesses to the Accident Other Than Occupants of Your Car? _____

Name	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

SHOW HOW ACCIDENT OCCURRED BY USING ONE OF THESE DIAGRAMS

IMPORTANT
Please fill in diagram showing position of automobile and injured person (or other vehicle with which insured's automobile collided) with direction in which both were proceeding.



NOTICE REQUIRED BY INSURANCE REGULATIONS

Any entity engaged in the business of auto body repairs must be licensed. Insurers are prohibited from negotiating, adjusting or settling an automobile damage claim with an unlicensed facility.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES

DATE OF REPORT _____ SIGNATURE _____