



ACCIDENT REPORT

IN THE EVENT OF AN ACCIDENT:

- Immediately activate the vehicular warning signal flashers and emergency warning devices as required by local, state and federal law. This will help avoid additional accidents.
- Notify emergency response personnel by calling **911**.
- Help anyone injured in the accident.
- Report the accident immediately to your company.
- Record the license plate numbers of all vehicles at the scene of the accident.
- Remain at the scene of the accident until an adjuster arrives or until directed by your company.
- Complete this accident report in detail.

REPORT ACCIDENT IMMEDIATELY TO:

PROTECTIVE INSURANCE COMPANY
 claims@protectiveinsurance.com | (800) 626-8381

ACCIDENT INFORMATION

DATE _____ TIME _____ AM / PM
 EXACT LOCATION _____

POLICE INFORMATION

REPORT MADE? YES NO: REPORT NUMBER _____
 POLICE DEPARTMENT _____
 OFFICER _____
 BADGE NUMBER _____ PHONE _____
 DID POLICE TAKE PHOTOS? YES NO
 ARRESTS OR TICKETS ISSUED? YES NO
 IF YES, PLEASE DESCRIBE: _____

YOUR INFORMATION

NAME _____
 HOME ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE NUMBER _____ DATE OF BIRTH _____
 LICENSE NUMBER _____ STATE _____ SSN _____

YOUR VEHICLE INFORMATION

LICENSE PLATE _____ STATE _____
 MAKE _____ MODEL _____
 YEAR _____ VIN # _____
 UNIT # _____
 TRAILER # _____ YEAR _____ MAKE _____
 LOADED EMPTY
 DESCRIPTION OF DAMAGE _____

WITNESS #1

NAME _____
 HOME ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE NUMBER _____ AGE _____

WITNESS #2

NAME _____
 HOME ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE NUMBER _____ AGE _____

WITNESS #3

NAME _____
 HOME ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE NUMBER _____ AGE _____

OTHER DRIVER INFORMATION

NAME _____
 HOME ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE NUMBER _____ DATE OF BIRTH _____
 LICENSE NUMBER _____ STATE _____ SSN _____

OTHER VEHICLE

VEH. LICENSE # _____ STATE _____
 YEAR _____ MAKE _____ MODEL _____
 DESCRIPTION OF DAMAGE _____

 INSURANCE COMPANY NAME _____
 POLICY NUMBER _____ POLICY EXPIRATION DATE _____

INJURED PERSON #1

NAME _____
HOME ADDRESS _____
CITY/STATE/ZIP _____
PHONE NUMBER _____ AGE _____
EXTENT OF INJURIES _____
HOSPITAL TAKEN TO _____

INJURED PERSON #2

NAME _____
HOME ADDRESS _____
CITY/STATE/ZIP _____
PHONE NUMBER _____ AGE _____
EXTENT OF INJURIES _____
HOSPITAL TAKEN TO _____

INJURED PERSON #3

NAME _____
HOME ADDRESS _____
CITY/STATE/ZIP _____
PHONE NUMBER _____ AGE _____
EXTENT OF INJURIES _____
HOSPITAL TAKEN TO _____

INJURED PERSON #4

NAME _____
HOME ADDRESS _____
CITY/STATE/ZIP _____
PHONE NUMBER _____ AGE _____
EXTENT OF INJURIES _____
HOSPITAL TAKEN TO _____

EMERGENCY VEHICLE'S NUMBER & COMPANY NAME _____

CONDITIONS

WEATHER: Clear Cloudy Fog Rain Snow Sleet Wind Other _____

LIGHTING: Daylight Dusk Dawn Dark, no street lights Dark, street lights on

ROAD SURFACE: Dry Wet Muddy Snowy Snow-covered Ice in places Ice-covered Other _____

ROAD DESCRIPTION: Straight Curved Upgrade Downgrade One-way Two-way Intersection Paved Unpaved Level Two lanes Three lanes Divided

DETAILS OF ACCIDENT

DESCRIPTION OF ACCIDENT IN YOUR OWN WORDS _____

EXACT LOCATION OF ACCIDENT (HIGHWAY/STREET/ROAD) _____

AT THE INTERSECTION OF _____
CITY & STATE _____
DATE _____ TIME _____

DAMAGE TO PROPERTY OTHER THAN VEHICLE

OWNER _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE NUMBER _____
WHAT PROPERTY IS DAMAGED? _____







FUEL SPILL? YES NO AMOUNT _____

DIAGRAM OF ACCIDENT

Use this diagram to illustrate how the accident happened. Using the symbols below, please indicate the following:

- 1. Directions and positions of all vehicles involved
- 2. Point of contact
- 3. Location(s) of any pedestrians
- 4. Names of all streets/roads/highways
- 5. Traffic control device(s), i.e., stop signs, traffic lights

SYMBOLS

-  your vehicle
-  vehicle #2
-  vehicle #3
-  pedestrian
-  point of contact
-  traffic control device

