

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:



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 _____

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 _____ Age _____

WITNESS #2

Name _____

Home address _____

City/state/zip _____

Phone _____ Age _____

WITNESS #3

Name _____

Home address _____

City/state/zip _____

Phone _____ Age _____

OTHER DRIVER INFORMATION

Name _____

Home address _____

City/state/zip _____

Phone _____

Date of birth _____

License number _____ State _____

SSN _____

OTHER VEHICLE

License number _____ State _____

Year _____ Make _____ Model _____

Description of damage _____

Insurance company name _____

Policy number _____

Policy expiration date _____

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

INJURED PERSON #1

Name _____

Home address _____

City/state/zip _____

Phone _____ Age _____

Extent of injuries _____

Hospital taken to _____

INJURED PERSON #2

Name _____

Home address _____

City/state/zip _____

Phone _____ Age _____

Extent of injuries _____

Hospital taken to _____

INJURED PERSON #3

Name _____

Home address _____

City/state/zip _____

Phone _____ Age _____

Extent of injuries _____

Hospital taken to _____

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 _____

Home address _____

City/state/zip _____

Phone _____

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



Your vehicle



Vehicle #2



Vehicle #3



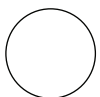
Pedestrian



Point of contact



Traffic control device



Draw arrow to
indicate North.

