

# Accident Report

Important: If possible, fill in this form at the scene of an accident. Report all accidents immediately to Chubb:

**1-800-CLAIMS-0 (1-800-252-4670)**

Remember to take detailed photos of the accident scene. See the accompanying brochure for additional information.

**Name of Company**

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**Police report**

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Name of officer

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Precinct/municipality      Incident #      Badge #

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Summons Issued

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**Description of accident**

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Date / Time

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Location (street, city, state)

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Estimated Speed of Vehicles

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Description of What Happened

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Who Received Violation?

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Weather Conditions

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Road Conditons

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Traffic Conditions

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**Diagram**

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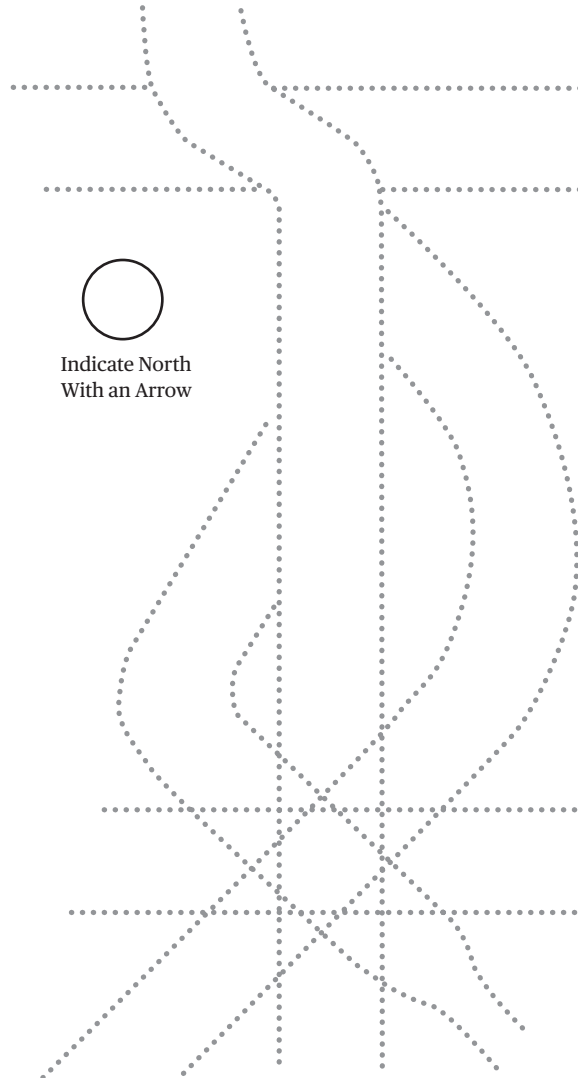
Use a pen or pencil to outline the road/traffic configuration of the accident scene, include the names of highways and direction of vehicles involved; designate your vehicle and other vehicles.



Your Vehicle



Other Vehicle(s)



**Other vehicle involved in accident**

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Driver \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

License late Number and/or VIN \_\_\_\_\_

Owner of Vehicle \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Nature and Extent of Damage \_\_\_\_\_

Number of Passengers \_\_\_\_\_

Statements Made by Driver \_\_\_\_\_

(Continued On Reverse Side)

**Additional Comments**


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**Injured Person(s)**


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Name		Age
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 Address
 

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 Telephone
 

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 Email
 

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<input type="checkbox"/> Driver	<input type="checkbox"/> Passenger	Position In Car
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<input type="checkbox"/> Pedestrian	Vehicle (circle one): Insured, Other or N/A
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 Nature and Extent of Injury
 

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 Ambulance called?     Yes                       No

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Name		Age
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 Address
 

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 Telephone
 

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 Email
 

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<input type="checkbox"/> Driver	<input type="checkbox"/> Passenger	Position In Car
---------------------------------	------------------------------------	-----------------

<input type="checkbox"/> Pedestrian	Vehicle (circle one): Insured, Other or N/A
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 Nature and Extent of Injury
 

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 Ambulance Called?     Yes                       No
**Your Vehicle**


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Vehicle year	Make	Model
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 Driver
 

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Driver's License Number	State
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 Nature and Extent of Damage
 

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 Number of passengers
 

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 Statements Made by Driver
 

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**Witnesses**


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 Name
 

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 Address
 

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 Telephone
 

---

 Email
 

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 Name
 

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 Address
 

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 Telephone
 

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 Email
**Chubb. Insured.™**

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