



CLAIMANT ACCIDENT REPORT

Today's Date: _____ Accident Date: _____

Midway Vehicle Info

Plate #: _____ Year/Make/Model: _____

Claimant's Info

Name: _____ Phone #: _____

Street Address _____ (City, State, Zip): _____

Email: _____

Work Address: _____ Work Phone#: _____

Employer Name: _____ Title: _____

Driver's Lic. #: _____ Issuing State: _____ Expires: _____

Insurance Co: _____ Policy #: _____ Phone #: _____

Name: _____ Phone#: _____

Address: _____ City: _____ State: _____

Insurance Co: _____ Policy #: _____ Phone #: _____

Claim #: _____

Vehicle Year/Make/Model/Plate: _____

If the Driver is NOT the Registered Owner, what is the relationship to the Driver: (i.e. friend, spouse, etc.) _____

Were there any passengers? If so, how many: _____

Midway Vehicle Info

Midway Driver Name: _____ Phone #: _____

Driver's Address (City, State, Zip): _____

Driver's License #: _____ DOB: _____ Issuing State and Exp Date: _____

Insurance Co: _____ Policy #: _____ Exp Date: _____

Were there any passengers? If so, how many: _____

Name(s) of Injured:

Name: _____ Age: _____

Phone: _____

Address: (City, State, Zip) _____

Name: _____ Age: _____

Phone: _____

Address: (City, State, Zip) _____

Name: _____ Phone _____

Address: (City, State, Zip) _____

Loc. at time of loss: _____

Name: _____ Phone _____

Address: (City, State, Zip) _____

Loc. at time of loss: _____

Name(s) of Witnesses:

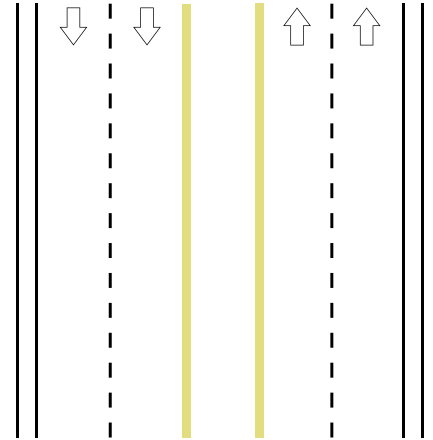
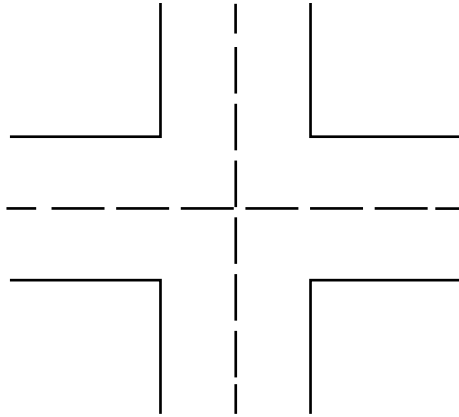
DECLARATION OF AUTOMOBILE ACCIDENT FACTS

I, the undersigned, declare under penalty of perjury under the laws of State of California that I witnessed the automobile accident described herein. If called to testify I can and will testify to the following accident facts:

Please draw in the diagram to your best knowledge:



Use figure to indicate
Northerly direction



What date and time did the accident and/or loss occur? _____ AM/PM: _____

Please list the intersection or the major cross street: _____ City of Accident: _____

What direction were you traveling? _____ On what street? _____ What speed? _____

What direction was the other car traveling? _____ On what street? _____ What speed? _____

Was the road paved asphalt, cement, brick, dirt, or gravel? _____

Was the road wet or dry at the time of the accident? _____

Which police department came out to the scene of the accident? _____

What is the police report #: _____

Who, in your opinion, was at fault and why? _____

I, the undersigned, declare under the penalty of perjury that the facts stated herein are true and correct.

Claimant's Signature: _____ Date: _____