## DEPARTMENT OF LAW and RISK MANAGEMENT COUNTY OF SUMMIT 175 S. MAIN STREET, 8th FLOOR AKRON, OHIO 44308 330.643.8428 • FAX: 330.643.2507

## **AUTOMOBILE ACCIDENT REPORT**

CLAIM NUMBER

## THIS IS A CONFIDENTIAL INTERNAL DOCUMENT

CLAIMANT/EMPLOYEE LAST NAM	ΛE	FIRST NAME		MIDDLE INITIAL	DATE	DATE OF BIRTH (YEAR/MONTH/DAY)			
HOME ADDRESS STREET		CITY/TOWN		STATE			ZIP CODE		
HOME TELEPHONE NUMBER	INSURANCE COMPANY NAME/POLICY NUMBER								
INSURANCE COMPANY ADDRESS STREET		CITY/TOWN		STAT	STATE		ZIP CODE		
INSURANCE COMPANY NUMBE	R								
MAKE OF VEHICLE	YEAR	MODEL		SERIAL NUMBER LICEN			NSE NUMBER/STATE		
DESCRIBE DAMAGE									
						ESTIN	MATE OI	F DAMAGE	
NAME OF DRIVER OF YOUR VEHICLE				AGE DRIVE			ER'S LICENSE NUMBER		
RESIDENCE ADDRESS STREET			CITY	//TOWN	STATE			ZIP CODE	
HOME TELEPHONE NUMBER									
DATE OF ACCIDENT (YEAR/MONTH/DAY)  TIME				WERE YOU WEARING A SEAT BELT?					
LOCATION OF ACCIDENT									LI NO
PURPOSE VEHICLE USED FOR AT TIME OF ACCIDENT				VEATHER CONDITION RO			ROAD C	OAD CONDITION	
YOUR SPEED		01	OTHER'S SPEED			DIRECTION			
POLICE INVESTIGATION BY				CHA			CHARGE	IARGES	
HAD YOU TAKEN ANY ALCOHOLIC BEVERAGES OR DRUGS PRIOR TO THE ACCIDENT? YES NO									
WHO WAS RESPONSIBLE FOR THE ACCIDENT? (REASON)									
OWNER OF OTHER VEHICLE				OWNER OF OTHER VEHICLE					
HOME TELEPHONE NUMBER				HOME TELEPHONE NUMBER					
HOME ADDRESS				HOME ADDRESS					
MAKE OF VEHICLE YEAR				MAKE OF VEHICLE YEAR			YEAR		
MODEL LICENSE NUMBER/STATE			+	MODEL LICENSE NUMBER/STATE					
NAME OF INSURANCE COMPANY				NAME OF INSURANCE COMPANY					
DESCRIPTION OF DAMAGE				DESCRIPTION OF DAMAGE					
NAME OF DRIVER	OF DRIVER HOME TELEPHONE NUMBER			NAME OF DRIVER HOME TELEPHONE NUMBER			2		
HOME ADDRESS				HOME ADDRESS					

## **AUTOMOBILE ACCIDENT REPORT**

CLAIMANT/EMPLOYEE LAST NAME FIRST	NAME MIDDLE INITIAL	CLAIM NUMBER				
DETAIL OF ACCIDENT WITNESSES  NAME  HOME ADDRESS  HOME TELEPHONE NUMBER  IN WHICH CAR?  YOUR CAR OTHER CAR#1	NAME HOME ADDRESS  HOME TELEPHONE NUMBER  IN WHICH CAR?  □ YOUR CAR □ OTHER CAR #1  □ OTHER CAR#2 □ OTHER	NAME HOME ADDRESS  HOME TELEPHONE NUMBER  IN WHICH CAR?  YOUR CAR OTHER CAR #1  OTHER CAR#2 OTHER				
DESCRIPTION OF ACCIDENT  ILLUSTRATE POSITION OF CARS AT TIME OF COLLISION. SHOW SKID MARKS. (IF ANY STREET IS MORE THAN TWO LANES OR IS ONE WAY ONLY, PLEASE INDICATE.)  NEXT CARS AS FOLLOWS  YOU  THE  A  BHOWSTOP OR SLOW SIGNS  LABIELEACH STREET  LABIELEACH STREET  CHECK ONE:  IWAS DRIVER OF VEHICLE A  DESCRIBE THE ACCIDENT IN YOUR OWN WORDS (ATTACH SEPERATE SHEETS IF NECESSARY.)						

PAGE 2 OF 2