

**OTHER VEHICLE (continued)**

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle License #: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_

Extent of Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner: (if different than driver)

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

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

Policy #: \_\_\_\_\_

**DAMAGE TO OTHER PROPERTY**

*Describe property damage (other than damage to a vehicle)*

Property Damaged: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extent of Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INJURED PERSONS**

*Please list ALL injured persons:*

1. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone - Daytime \_\_\_\_\_

Phone - Evening \_\_\_\_\_

Extent of Injuries \_\_\_\_\_

\_\_\_\_\_

Medical Care Required?  Yes  No

2. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone - Daytime \_\_\_\_\_

Phone - Evening \_\_\_\_\_

Extent of Injuries \_\_\_\_\_

\_\_\_\_\_

Medical Care Required?  Yes  No

3. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone - Daytime \_\_\_\_\_

Phone - Evening \_\_\_\_\_

Extent of Injuries \_\_\_\_\_

\_\_\_\_\_

Medical Care Required?  Yes  No

# AUTOMOBILE ACCIDENT REPORTING FORM

*In the event of an automobile accident, please complete and forward to:*



## VAALER

i n s u r a n c e

2701 South Columbia Road  
PO Box 12848  
Grand Forks, ND 58208-2848

(701) 775-3131  
(800) 732-4336 in North Dakota  
(800) 553-4291 National  
(701) 775-4020 Fax

**REPORT OF ACCIDENT INFORMATION**

*If you are involved in an accident, complete this form at the accident scene if possible.*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Your Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

**YOUR VEHICLE**

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_

Owner: \_\_\_\_\_

VIN # (last 6 digits): \_\_\_\_\_ State: \_\_\_\_\_

**ACCIDENT DESCRIPTION**

*Please describe the accident*

Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of Day: \_\_\_\_\_  a.m.  p.m.

Weather Conditions: \_\_\_\_\_

Road Conditions: \_\_\_\_\_

Light Conditions: \_\_\_\_\_

Location of Accident:

City & State: \_\_\_\_\_

Intersecting Roads: \_\_\_\_\_

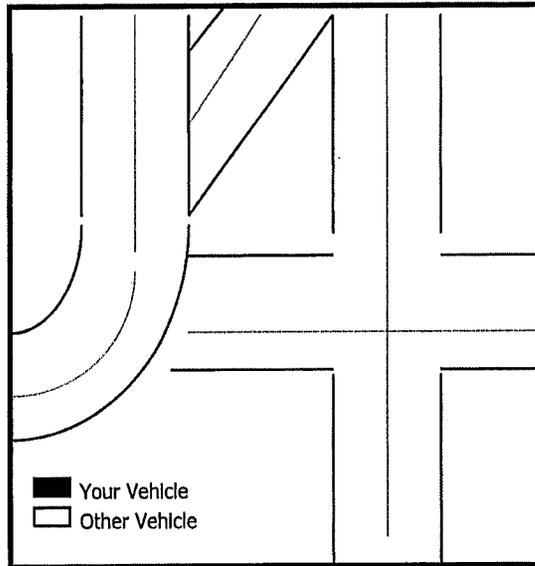
Your speed: \_\_\_\_\_ Direction of Travel: \_\_\_\_\_

Description of Accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIAGRAM OF ACCIDENT**

*Please draw point of collision and location of all involved vehicles. Using the space below, indicate all intersections, roadways and vehicle locations at the time of accident. Give measurements, if possible. List your vehicle as #1, others as #2, #3, etc.*



Indicate North by Arrow

**POLICE INVESTIGATION**

Did police take a report?  Yes  No

Name of Officer: \_\_\_\_\_

Badge #: \_\_\_\_\_ Police Dept: \_\_\_\_\_

Was a citation issued?  Yes  No

If yes, to whom? \_\_\_\_\_

**WITNESSES**

*Please list ALL Witnesses*

1. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER VEHICLE**

*Please describe damage to other vehicle*

Driver: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_