

CLAIMANT'S REPORT OF ACCIDENT (AUTO)

ATTENTION: Your claim will be considered only when this report is properly completed AND estimates of cost or repairs or receipted bill is attached.

DATE _____

AGAINST _____
(Owner of Other Automobile)

CLAIMANT'S NAME _____
(Owner of Damaged Property)

Address _____
No. and Street City State Telephone _____

DESCRIPTION OF YOUR AUTOMOBILE: (Show as car No. 2 on chart)

Make of Car _____ Year _____ Type _____ License No. _____

Registered Owner _____ Address _____

Name of Driver _____ Age _____ Address _____

What was the purpose of your trip? _____

For whom was the trip being made? _____

Do you have any collision insurance for damage to your car? Check: Yes _____ or No _____

If "yes," what is the name of your Insurance Co. _____

Estimated Cost of Repairs to Your Car \$ _____ Car now at _____

PROPERTY DAMAGED OTHER THAN AUTOMOBILE:

Describe Property _____

Estimated cost of Repairs or Replacement _____ Location _____

WAS ANYONE INJURED? _____ IF SO, ANSWER THE FOLLOWING:
(("Yes" or "No")

Name _____ Address _____ Phone No. _____

Describe Injuries _____ Medical Treatment _____

Required? _____
(("Yes" or "No")

Name _____ Address _____ Phone No. _____

Describe Injuries _____ Medical Treatment _____

Required? _____
(("Yes" or "No")

LIST OCCUPANTS OF YOUR AUTOMOBILE:

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

DESCRIPTION OF OTHER AUTOMOBILE: (Show as car No. 1 on chart)

Make of Car _____ Year _____ Type _____ License No. _____

Driver _____ Address _____

Were there any occupants other than the driver? _____ If so, how many? _____

IMPORTANT: LIST WITNESSES NOT IN EITHER AUTOMOBILE INVOLVED:

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

STATEMENT OF ACCIDENT — PLEASE answer every question.

Accident Date _____ Year _____ Time _____ O'clock _____ M.

Location of Accident _____
(Street or Highway) — (At or Near Cross Street or Town)

in _____ City _____ County _____ State _____

Direction you were traveling? _____ What Street? _____ Speed? _____

Direction other car was traveling? _____ What Street? _____ Speed? _____

Did either driver violate any traffic law? _____ Which car? _____

Explain _____

Speed of each car as it entered the intersection? _____ Your car _____ Other car _____

Which car entered the intersection first? _____

Was the view of either driver obstructed? _____ Speed Limit at point of accident? _____

Where was other car when you first saw it? _____

Where was your car at that time? _____

Was your seat belt and those of all passengers fastened? _____

Whose seat belt was not fastened? _____

If at night, were lights burning on Your Car? _____ Head? _____ Tail? _____

Other Car _____ Head? _____ Tail? _____

Check weather conditions? Wet? _____ Dry? _____ Rain? _____ Fog? _____ Snow? _____

Length of skid marks left by your car? _____ Other car? _____

What did you say about accident? _____

What did other driver say about accident? _____

Was there any indication of intoxication? _____ In which car? _____

Date Accident Reported to Police Department _____

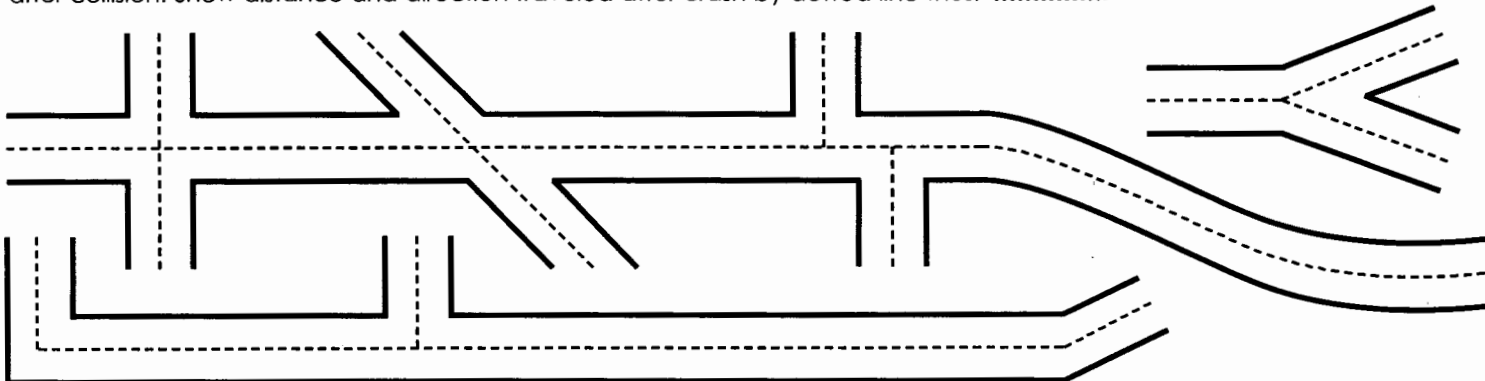
Name of Officer _____ What Station? _____ (City or Town) _____

Either Driver Cited or Arrested? _____ You? _____ Other Driver? _____ Charges? _____

Date of Hearing _____ Place _____ Name of Judge _____

IMPORTANT: DESCRIBE IN YOUR OWN WORDS HOW ACCIDENT OCCURRED:

DRAW ROUGH DIAGRAM OF ACCIDENT: Show your car as **2**; other car as **1** as the collision occurred. Show direction and distance traveled before crash by solid line thus: _____ Then at point of crash; third, positions and distances traveled after collision. Show distance and direction traveled after crash by dotted line thus:



FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:

556 False or fraudulent claim; penalty.

- (a) It is unlawful to
 - (1) Knowingly present to or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance.
 - (2) Knowingly file multiple claims for the same loss or injury with more than one insurer with an intent to defraud the insurer.
 - (3) Knowingly prepare, make or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used in support of any such claim.
- (b) Every person who violates any provisions of this section is punishable by imprisonment in the state prison, for two, three, or four years, or by fine not exceeding ten thousand dollars (\$10,000), or by both.
- (c) Notwithstanding any other provision of law, probation shall not be granted to, nor shall the execution or imposition of a sentence be suspended for, any adult person convicted of a violation of this section who has been previously convicted of violations of this section as an adult under charges separately brought and tried two or more times. The existence of any fact which would make a person ineligible for probation under this subdivision shall be alleged in the information or indictment, and either admitted by the defendant in open court or found to be true by the jury trying the issue of guilt or by the court where guilt is established by plea or guilty or nolo contendere or by trial by the court sitting without a jury. Except where the existence of such fact was not admitted or found to be true or the court finds that a prior conviction was invalid, the court shall not strike or dismiss any prior convictions alleged in the information or indictment. This subdivision does not prohibit the adjournment of criminal proceedings pursuant to division 3 (commencing with Section 3000) or Division 6 (commencing with Section 6000) of the Welfare and Institutions Code. (Amended by Stats 1976, C. 1139, p. 5085, 87, operative July 1, 1977; Stats 1978, c. 174, p. 405, 3 urgency, eff. May 31, 1978; Stats 1979, c.556, p. 1764, 1.)

Has your car been repaired? _____ If so, attach receipted bill; if not, attach estimate of repairs from two well known garages. This report must be signed by both owner and driver of vehicle.

Signature: Owner _____ Driver _____

..... WARNING

Applicable only in California: California law requires that the following appear on this form—(a) It is unlawful to: (1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss under this contract of insurance. False representations made on this form subjects the insured, who is also the person who has completed this form, to a penalty of perjury.