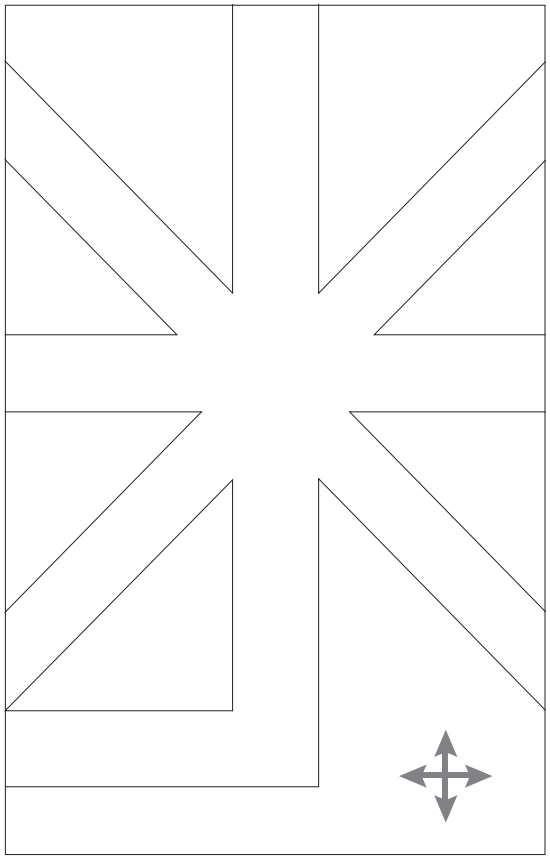
Diagram

Sketch in blank area or use diagram.



YOURS 1 OTHER 2 OTHER 3

Witness 1

Name: _____

Address: _____

_____

Phone #: _____

Email Address: _____

Witness 2

Name: _____

Address: _____

_____

Phone #: _____

Email Address: _____

Police Investigation

Did police arrive at scene? ☐Yes ☐ No

Officer's Name: _____

Badge #: _____

Reporting Agency: _____

Was a citation issued? ☐Yes ☐ No

Name of person cited: _____

Police Report #: _____

FM 108.0.688 (05-16)

RISK ENGINEERING

ACCIDENT DOCUMENTATION

Crum & Forster Claims Contact

Toll Free (800) 690-5520
Fax (877) 622-6218

If you are involved in an accident, please follow these quick steps:

- Call police or other authority immediately!
- Do not admit responsibility for the accident Obtain names and addresses of all parties involved, including witnesses
- Only discuss accident with investigative officer or authorized representative of the company
- Complete this accident form and take plenty of photos
- Notify Crum & Forster claims department as soon as possible
- Do not repair vehicle unless cleared by Crum & Forster claims department

CRUM & FORSTER®
A FAIRFAX COMPANY
EST. 1822

Your Vehicle

Date of Accident: _____

Time of Accident: _____ A.M. _____ P.M.

Make: _____

Model: _____

Year: _____

License Plate #: _____

VIN #: _____

# of Passengers: _____

Was your vehicle towed? ☐Yes ☐No

Towing company Contact Name:

_____

Towing company Phone #: _____

Describe facts of accident, damages, injuries, and contributing factors:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Other Vehicle

Driver Name: _____

Address: _____

Phone #: _____

Email: _____

Make: _____

Model: _____

VIN #: _____

License Plate #: _____

Insurance Company: _____

Policy #: _____

# of Passengers: _____

Was anyone injured? ☐ Yes ☐ No

Was the vehicle towed? ☐ Yes ☐ No

Damage: _____

Injured Persons

Name: _____

Address: _____

Date of Birth: _____

Phone #: _____

Check all that apply:

☐ Pedestrian ☐ Treated at scene

☐ Your Vehicle ☐ Taken to medical facility

☐ Other Vehicle

Additional Vehicle

Driver Name: _____

Address: _____

Phone #: _____

Email: _____

Make: _____

Model: _____

VIN #: _____

License Plate #: _____

Insurance Company: _____

Policy #: _____

# of Passengers: _____

Was anyone injured? ☐ Yes ☐ No

Was the vehicle towed? ☐ Yes ☐ No

Damage: _____

Injured Persons

Name: _____

Address: _____

Date of Birth: _____

Phone #: _____

Check all that apply:

☐ Pedestrian ☐ Treated at scene

☐ Your Vehicle ☐ Taken to medical facility

☐ Other Vehicle