

BEHAVIORAL HEALTH INSURANCE POOL, INC.

333 E OSBORN ROAD, SUITE 300

PHOENIX, AZ 85012

AUTOMOBILE LOSS REPORT FORM

SERVICE AREA AGENCY	Service Area Agency:			
	Contact Person:		Contact Phone:	
FACTS	Date of Loss:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	# of vehicles involved:	# of people injured:
	Location of Accident:			<input type="checkbox"/> Intersection <input type="checkbox"/> Non-Intersection
	City: <input type="checkbox"/> Inside <input type="checkbox"/> Outside	County:	Weather:	
	Motor vehicle involved with: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other BHIP Vehicle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Motor Vehicle <input type="checkbox"/> Other _____			
SERVICE AREA AGENCY VEHICLE	Vehicle Year:	Make:	Model:	
	License Plate #:	Plate State:	Driver Name:	
	Vehicle Identification Number (VIN):			
	Driver Street Address:		City:	State: Zip Code:
	Driver Home Phone:		Driver Business Phone:	
	Drivers License #:		Expiration Date:	State:
	Point of impact on vehicle:	Was vehicle towed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	Repair Estimate: \$	
OTHER VEHICLE	Other Vehicle Year:	Make:	Model:	License Plate #:
	Plate State:	Driver's Name:	Driver's Street Address:	
	City:	State:	Zip Code:	Driver's Home Phone:
	Driver's Business Phone:	Drivers License #:	Expiration Date:	State:
	Driver of vehicle different from Owner of vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Owner's Name:		Owner's Home Phone:
	Owner's Business Phone:	Owner's Street Address:		City:
	State:	Zip Code:	Owner's Insurance Company Name:	
	Owner's Insurance Company Phone:		Owner's Insurance Policy Number:	
	Point of impact on vehicle:	Was vehicle towed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	Repair Estimate: \$	

PROPERTY DAMAGE	Type of Property damaged (other than a vehicle):			Repair Estimate: \$	
	Owner Name:		Owner Phone:		
	Street Address:		City:	State:	Zip Code:
INJURED PARTIES	Name of Injured Party:		Street Address:		
	City:	State:	Zip Code:	Home Phone:	
	Business Phone:		Description of injury:		
	Name of Injured Party:		Street Address:		
	City:	State:	Zip Code:	Home Phone:	
	Business Phone:		Description of injury:		
WITNESSES	1 st Witness Name:		Home Phone:		Business Phone:
	Witness Address:		City:	State:	Zip Code:
	2 nd Witness Name:		Home Phone:		Business Phone:
	Witness Address:		City:	State:	Zip Code:
POLICE REPORT	Agency Name/Location:		Officer Name:		Officer ID #:
	Was a citation issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, to whom?		Police Report #:
***** IMPORTANT ***** DESCRIPTION OF ACCIDENT	Describe how the accident occurred:				

I hereby certify that this statement is a true statement of the facts to the best of my knowledge and belief.

Signature

Date