Vehicle Collision Form

Attach this form to your standard tort claim form if the claim involves a vehicle collision. **Please type or print in ink.**

Claimant and Incident Information

Name (Separate form must be completed for each claimant)	Date of Accident (mm/dd/yyyy)	Time AM PM
Current Street (Residence) Address City State Zip		Phone Home Work
(Residence) Address for Six Months Prior to the Accident City State Zip		E-mail
State/County/City (if applicable) where occurred Street or HWY Milepost No. Intersection or Nearest Street/Road		

Your Vehicle Information (Vehicle # 1)

Year	Make	Model	License Plate No.	Where can car be seen?	When?
Name of Vehicle Owner Address City Home and Work Phone					
Name of Driver Address City Home and Work Phone					
Driver's License Number State of Issuance Date of Expiration					
Describe Damage				Your insurance company and policy No.	

Other Vehicle Information (Vehicle #2)

Year	Make	Model	License Plate No.	State Agency (if known)
Name of Owner Address City Phone				
Other Drivers insurance company and policy No.				
Describe Damage				

Other Non-Vehicle Damage

Was other (non-vehicle) property damaged? If so, describe what type of property was damaged.
Name of Owner Address City Phone
Describe Damage

Injured Parties	Name Address Phone Number
	Name Address Phone Number
Witnesses	(Attach Additional Sheets If Necessary)
	Name Address Phone Number
	Name Address Phone Number

Complete All Details:

Describe conduct and circumstances causing injury or damages and explain the extent of medical, physical or mental injuries. Please identify name, address, and telephone number of treating physicians and other medical providers. Please attach property damage estimates and/or all medical bills in support of your claim. If necessary, attach additional pages containing information in this format.

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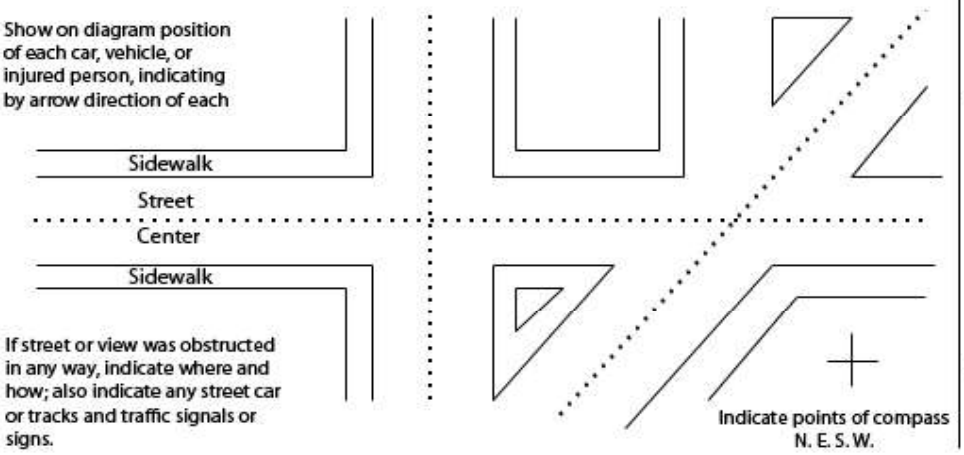
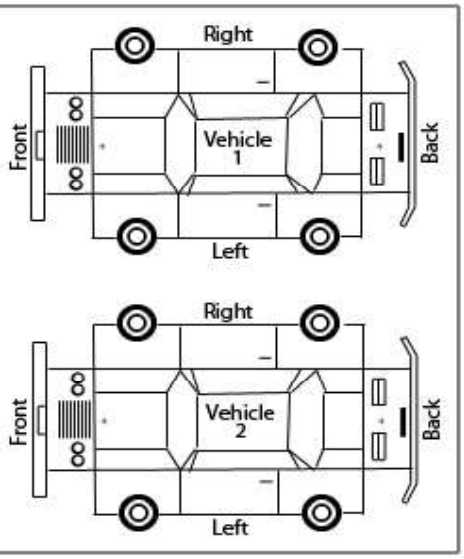
Road, Vehicle, Weather Conditions

Draw all pertinent accident details on the diagram below. Indicate damage to vehicle(s) on the right.





Describe the Road (check one or more)		
☐ Straight Road	☐ Hillcrest	☐ One Lane
☐ Curve – R or L	☐ Uphill	☐ One and One-Half Lane
☐ Level	☐ Downhill	☐ Two Lane or Four Lane

Light Conditions (check one)	Traffic Control	Type of Road (check one or more)
	Vehicle 1 2	Vehicle 1 2
☐ Daylight	☐ ☐ Signals	☐ ☐ One Way
☐ Dawn	☐ ☐ Stop Sign	☐ ☐ Two Way
☐ Dusk	☐ ☐ Flashing Red	☐ ☐ Reversible
☐ Dark Street – Lights On	☐ ☐ RR Signal	☐ ☐ Interchange Loop Ramp
☐ Dark Street – Lights Off	☐ ☐ Officer/Flagman	☐ ☐ Alley
☐ Dark No Street Light	☐ ☐ Yield Sign	☐ ☐ Two Way Left Turn Lanes
☐ Other (specify)	☐ ☐ No Traffic Control	☐ ☐ Separated
	☐ ☐ Other	☐ ☐ Divided
		☐ ☐ Undivided

Vehicle Condition Vehicle (check one or more)	Road Surface Vehicle (check one)	Weather (check one)
1 2	1 2	
☐ ☐ Defective Brakes	☐ ☐ Dry	☐ Clear, Cloudy or Overcast
☐ ☐ Defective Headlights	☐ ☐ Wet	☐ Raining
☐ ☐ Defective Rear Lights	☐ ☐ Snow	☐ Snowing
☐ ☐ Tires Worn	☐ ☐ Ice	☐ Fog
☐ ☐ Punctured or Blown Tires	☐ ☐ Other (Specify)	☐ Other (Specify)
☐ ☐ Other (Specify)		