

CHURCH MUTUAL INSURANCE COMPANY  
AUTOMOBILE ACCIDENT REPORT – COMPLETED (SAMPLE)

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CLAIM INFORMATION  
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Date Reported: January 2, 2026

Reported By:

Name: Michael Anderson

Title: Facilities & Operations Manager

Phone:

Home: (614) 555-2147

Work: (614) 555-2199

Fax: (614) 555-2201

Email: manderson@gracecommunity.org

Account No.: CM-ACCT-847392

Policy No.: CM-AUTO-559201

Policy Effective Date: January 1, 2026

Date of Loss: December 28, 2025

Time of Loss: 3:45 PM (p.m.)

Insured's Name (as it appears on policy):

Grace Community Church

Insured Address:

Address 1: 1250 Riverside Drive

Address 2: Suite 100

City: Columbus

State: OH

Zip Code: 43221

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ACCIDENT INFORMATION  
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Location of Accident:

Street: 3rd Avenue & North High Street

City: Columbus

State: OH

Zip Code: 43215

Police Department Reported To:

Columbus Police Department

Officer Name / Badge No.:

Officer James R. Coleman / Badge #4176

Police Report No.:

CPD-2025-12-2894

Violation Issued:

Yes – Failure to Maintain Assured Clear Distance (Other Driver)

Description of Accident:

The insured vehicle was stopped at a red traffic light at the intersection of 3rd Avenue and North High Street. While stationary, the vehicle was rear-ended by another passenger vehicle traveling northbound. The impact caused damage to the rear bumper and tailgate of the insured vehicle. No airbag deployment occurred. Weather conditions were clear and roads were dry.

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INSURED VEHICLE AND DRIVER INFORMATION

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Vehicle Information:

Vehicle Serial No.: 1FTBF2A68NEC33421

Year: 2022

Make: Ford

Model: Transit 350 Passenger Van

Vehicle No. on Policy: V-03

License Plate No.: OH-CHM-4821

State of Issue: Ohio

Other Insurance Coverage:

No

Driver Information:

Name of Driver: Daniel Roberts

Phone:

Home: (614) 555-8732

Work: (614) 555-8711

Relation to Insured:

Employee (Church Staff)

Date of Birth: August 14, 1989

Age: 36

Driver Address:

Street: 910 West Broad Street

City: Columbus

State: OH

Zip Code: 43222

Driver's License No.: OH-RB-45877219

Purpose of Use: Transporting church volunteers

Used with Permission: Yes

Description of Damage to Insured Vehicle:

Rear bumper cracked and partially detached. Tailgate dented.

Rear parking sensors damaged but vehicle remains drivable.

Repair Estimate:

Estimated \$3,850

Where Can Vehicle Be Seen:

Grace Community Church Parking Facility

When:

Weekdays between 9:00 AM – 4:00 PM

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PASSENGERS IN INSURED VEHICLE  
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Passenger 1:

Name: Laura Mitchell

Age: 41

Sex: Female

Parent/Guardian: N/A

Phone No.: (614) 555-6634

Work: (614) 555-6612

Address:

1456 North Star Road

Columbus, OH 43220

Injuries:

Complained of minor neck stiffness; no medical treatment required.

Passenger 2:

Name: Samuel Wright

Age: 17

Sex: Male

Parent/Guardian:

Name: Karen Wright

Phone No.: (614) 555-7742

Work: (614) 555-7709

Address:

802 Pine Hill Drive

Dublin, OH 43016

Injuries:

No injuries reported.

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PROPERTY DAMAGE TO OTHERS

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Owner of Property / Vehicle:

Name: Emily Thompson

Address:

214 East 5th Avenue

Columbus, OH 43201

Driver of Other Vehicle:

Name: Emily Thompson

Phone:

Home: (614) 555-9912

Work: (614) 555-9901

Vehicle Damage Description:

Front bumper and hood damaged due to collision impact.

Other Vehicle Insured:

Yes

Insurance Company:

Statewide Mutual Insurance

Policy No.:

SM-78452291

Repair Estimate:

Estimated \$4,600

Where Can Vehicle Be Seen:

Midwest Auto Body Repair Center

When:

Monday–Friday, 8:00 AM – 5:00 PM

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WITNESSES

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Witness 1:

Name: Robert Jenkins

Phone No.: (614) 555-3342

City: Columbus

State: OH

Zip Code: 43215

Witness 2:

Name: Alicia Gomez

Phone No.: (614) 555-7821

City: Columbus

State: OH

Zip Code: 43214

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SIGNATURE

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Name (Print): Michael Anderson

Phone:

Home: (614) 555-2147

Work: (614) 555-2199

City: Columbus

State: OH

Zip Code: 43221

Signature: \_\_\_\_\_

Date: January 2, 2026

## STATE-SPECIFIC FRAUD WARNING STATEMENTS FOR CLAIM FORMS – AUTOMOBILE

Applicable in All States:

For your protection, review your policy for an explanation of the insured's duties in the event of a loss. Failure to comply with these duties may void your policy.

Alaska, Arkansas, Delaware, District of Columbia, Idaho, Indiana, Kentucky, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, and Virginia:

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing false, inflated, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud and may be subject to civil fines, criminal penalties, and denial of insurance benefits.

Arizona:

Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company.

Florida:

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Maine:

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company.

New Jersey:

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York:

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or missing information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000.

Pennsylvania:

Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle commits a fraudulent insurance act.