



STATE OF OHIO DESCRIPTION OF ACCIDENT

CLAIM NUMBER: _____

DATE: _____

TO BE COMPLETED BY OWNER AND OPERATOR OF VEHICLE

Make of Vehicle: _____ Year Model: _____ Type: _____ License Plate #: _____

Owner's Name: _____ Age: _____ Occupation: _____

Driver's Name: _____ Age: _____ Occupation: _____

Name of Your Insurance Company: _____ Coverage: • Liability • Med. Pay • Collision

Have You Made Claim For Your Damage/Injuries to Your Own Insurance Company? _____

Persons in your car: _____ Address: _____ Age: _____

_____ Address: _____ Age: _____

_____ Address: _____ Age: _____

Purpose for Use of Car at Time of Accident: _____

Number of People in Car: _____ Were you Injured? _____ Was Anyone Else Injured? _____

**INJURED
PERSON(S) IN
YOUR CAR**

1. _____ Address: _____ Age: _____

2. _____ Address: _____ Age: _____

3. _____ Address: _____ Age: _____

Nature of Injury

Attending Physician's Name and Address

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Date of Accident: _____ Time: ____/____/____ M Was it: • Daylight • Dusk • Dark /Describe Weather: _____

Accident Location: _____ County: _____

Direction You Were Traveling: _____ How Fast Were You Going? _____ MPH How Fast Was the Other Car Going: _____ MPH

Posted Speed Limit? _____ MPH Traffic Controls: • Yes • No If yes, What Type and Where Were They

Located: _____ Where Can Your Car Be Seen: _____

Part of the vehicle damaged: • Front • Lt. Front • Lt. Side • Lt. Rear • Rt. Front • Rt. Side • Rt. Rear • Rear

Is Your Car Driveable? • Yes • No If no, where is vehicle located? _____

Odometer Reading: _____ Estimated Cost of Repairs: \$ _____ (Attach Written Estimates)

Name of Owner of Other Car Involved in Accident: _____

Address (Street, City, State and Zip): _____

Name of Driver of Other car (if Different): _____

Address (Street, City, State and Zip): _____

Make of Other Vehicle (Year, Make, Model and License Plate #): _____

PLEASE NOTE: OHIO LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING:

“Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application, or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

WRITE FULL DESCRIPTION OF ACCIDENT ON SECOND PAGE

