

STATEMENT OF DRIVER

Driver's Name: _____ Owner's Name: _____

Driver's Address: _____ Owner's Address: _____

Driver's Phone #: _____ Owner's Phone #: _____

Driver's License #: _____ Driver's SSN: _____

Employed by: _____

What was vehicle being used for at the time of the accident? _____

Date and time of accident: _____ Location: _____

Was vehicle under lease? yes no To whom leased? _____ (Attach copy of lease)

Were you operating under DOT or PUC rights of other than owner? yes no Whose rights? _____

On what street and in what direction were you traveling? _____

On what street and in what direction was other vehicle traveling? _____

Describe condition of weather: _____ Road _____ Visibility _____

How far away was other vehicle when first noticed? _____

How many people were in your vehicle? _____ In other vehicle? _____

Distance from your vehicle to right hand edge of road? _____ Other vehicle? _____

Exact point of contact of your vehicle with other vehicle: _____

Exact point of contact of other vehicle with your vehicle: _____

What authorities were notified of accident? _____ Report #: _____

Were you cited by police? _____ If yes, what violation? _____

Was anyone else cited by police? _____ If yes, what violation? _____

Name of owner of other vehicle or property: _____ Phone #: _____

Address: _____

Name of driver of other vehicle: _____ Driver's License #: _____

Address: _____

Year and Make of other vehicle: _____ License #: _____

Estimated damage to your vehicle: _____ Other Vehicle: _____

Name of Company insuring other parties: _____

Names of witnesses, address, and telephone #: _____

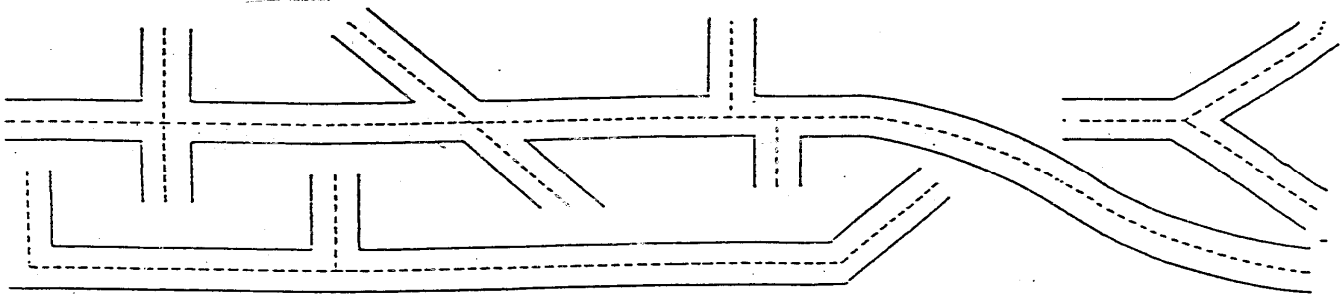
Were personal injuries sustained by any person or persons? _____ If so, explain in detail: _____

Names and addresses of occupants of your vehicle:

Names and addresses of occupants of other vehicles:

Please describe the accident in detail...mentioning any statements made by yourself or others concerned after the accident:

Draw a diagram of the accident. Show your vehicle as #1 and other vehicle as #2:



“ Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.”

Please see the enclosed form for fraud information that may be specific to your state.

Signature of Driver

Date