



# Motor Vehicle Accident Report Form

**CLAIMS FAX:** 559-241-8914  
**CLAIMS EMAIL:** claims@jgparker.com



Today's Date/Time _____	Reported by _____
Insured's Name _____	Phone _____
DBA Name _____	Fax _____
Driver's Name _____	Email Address _____

## Accident Details

Date of Accident _____	Time of Accident _____	AM	PM
Location of Accident _____			
City & State _____			
Police or CHP Contacted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Case No. _____
Name of Witness(es) _____			
Description of Accident: _____			

## Your Information

Your Vehicle Information	Year _____	Make _____	Model _____
Vehicle ID Number _____			
Damage to Vehicle _____			
Any injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of injured person(s) _____			

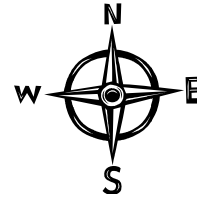
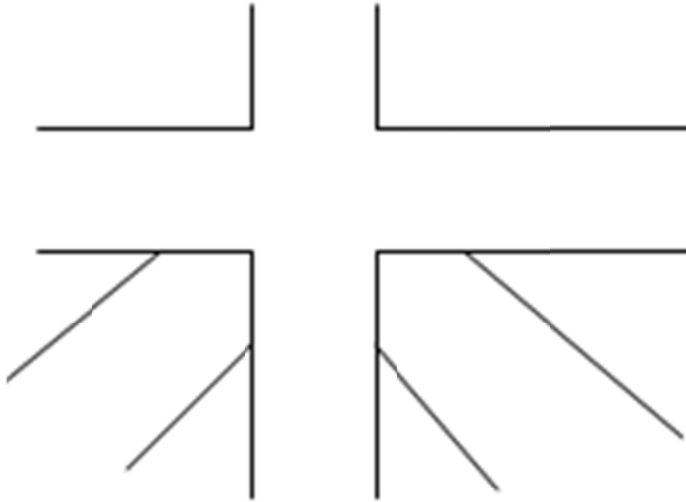
## Other Party's Information

Name / Business Name _____			
Address _____			
Name of Driver	_____		Phone Number _____
Other Vehicle Information	Year _____	Make _____	Model _____
Damage to Vehicle _____			
Name of Insurance Company _____			
Any injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Policy Number _____
Name of injured person(s) _____			

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Additional comments or instructions:



**DIAGRAM OF ACCIDENT**

PLEASE DRAW DIAGRAM IN SPACE BELOW

1. Number your vehicle as #1, other vehicle(s) as #2, #3, etc.
2. Show pedestrian by: O
3. Show direction of travel by an arrow. Example:



4. Show which parts of cars came together.
5. Give names or numbers of streets or highways.
6. Show traffic signs and signals.
7. Indicate North by arrow in box:

