CALIFORNIA J · P · I · A

DRIVER'S REPORT OF ACCIDENT

IMPORTANT INSTRUCTIONS

DO NOT DISCUSS ACCIDENT WITH ANYONE EXCEPT YOUR EMPLOYER, YOUR CJPIA CLAIMS REPRESENTATIVE AND THE POLICE.

WHEN AN ACCIDENT OCCURS, REPORT IT TO YOUR SUPERVISOR WITHOUT DELAY. FOLLOW YOUR AGENCY'S AUTO/VEHICLE USE POLICY.

PLEASE COMPLETE REPORT AND SUBMIT TO THE PERSON OR DEPARTMENT AS STATED IN YOUR AGENCY'S AUTO/VEHICLE USE POLICY.

YOUR AGENCY

NAME					
ADDRESS – STREET	CITY	STATE	ZIP CODE	TELEPHONE	

TIME AND PLACE OF ACCIDENT

DATE OF ACCIDENT	HOUR AM PM	LOCATION STREET OR HIGHWAY	CITY	COUNTY	STATE

ABOUT YOUR VEHICLE

YEAR AND MAKE OF VEHICLE	BODY TYPE	LICENSE PLATE NO	VEHICLE ID NUMBER	IF TRAILER, SERIAL NO	MILEAGE

NAME OF OWNER/LEASING COMPANY	ADDRESS – STREET	CITY	STATE	ZIP CODE

NAME OF DRIVER	ADDRESS – STREET	CITY	STATE	ZIP CODE

DRIVER'S AGE	DRIVER'S LICENSE NUMBER	WAS LICENSE IN EFFECT AT TIME OF ACCIDENT?

WAS VEHICLE BEING OPERATED FOR BUSINESS OR PLEASURE?	WHO GAVE PERMISSION TO OPERATE?	WAS VEHICLE BEING USED FOR ERRAND FOR OWNER?

DESCRIBE PARTS DAMAGED AND EXTENT OF DAMAGE. NOTE: By terms of your policy, the company must be given reasonable opportunity to examine the auto before repairs are made.

ADDRESS WHERE VEHICLE MAY BE INSPECTED	ESTIMATED COST OF REPAIRS	WHERE IS VEHICLE NORMALLY GARAGED (CITY & STATE)

OTHER VEHICLE INVOLVED

YEAR AND MAKE OF VEHICLE	LICENSE NUMBER	ESTIMATED COST OF REPAIRS

PARTS DAMAGED AND EXTENT OF DAMAGE

NAME OF DRIVER	ADDRESS – STREET	CITY	STATE	ZIP	TELEPHONE

NAME OF OWNER	ADDRESS – STREET	CITY	STATE	ZIP	TELEPHONE

IS VEHICLE INSURED?	NAME OF INSURANCE COMPANY

PROPERTY DAMAGE OTHER THAN VEHICLE

NAME OF OWNER / LEASING COMPANY	ADDRESS STREET	CITY	STATE	ZIP CODE

KIND OF PROPERTY

ESTIMATED COST OF REPAIR	ADDRESS WHERE PROPERTY MAY BE INSPECTED

PASSENGERS

NAMES OF PASSENGERS IN YOUR VEHICLE

NAME	ADDRESS STREET	CITY	STATE	ZIP	TELEPHONE

NAMES OF PASSENGERS IN OTHER VEHICLE

NAME	ADDRESS STREET	CITY	STATE	ZIP	TELEPHONE

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DESCRIPTION OF ACCIDENT

ON WHAT STREET OR ROAD WERE YOU DRIVING?	DIRECTION	SPEED	STREET/ROAD OTHER AUTO WAS DRIVING	DIRECTION	SPEED

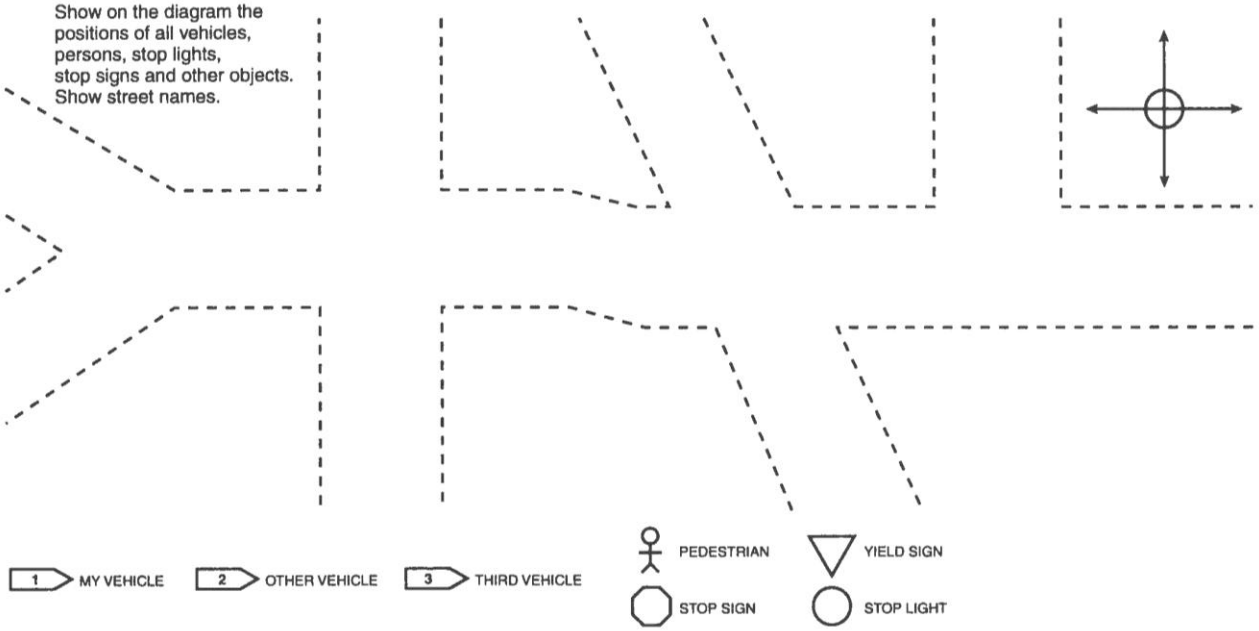
WERE YOUR LIGHTS ON? ☐ YES ☐NO ☐BRIGHT ☐DIM	WERE OTHER AUTO'S LIGHTS ON? ☐ YES ☐NO ☐BRIGHT ☐DIM	WHAT TRAFFIC CONTROLS?	FOR WHOM?	SPEED LIMIT

DID EITHER DRIVER GIVE SIGNAL OF ANY KIND? ☐ YES ☐NO IF YES, WHO?	IF AT INTERSECTION, WHO ENTERED FIRST?	WHO HAD RIGHT OF WAY?

WHICH DRIVER VIOLATED TRAFFIC ORDINANCE?	CHARGE?	DID POLICE INVESTIGATE ACCIDENT? ☐ YES ☐NO	POLICE ADDRESS

DESCRIBE IN YOUR OWN WORDS HOW THE ACCIDENT HAPPENED

Show on the diagram the positions of all vehicles, persons, stop lights, stop signs and other objects. Show street names.



WITNESSES

NAME	ADDRESS – STREET	CITY	STATE	ZIP	TELEPHONE

INJURIES (No matter how minor)

NAME OF INJURED PERSON	AGE	ADDRESS – STREET	CITY	STATE	ZIP	TELEPHONE

IN WHICH VEHICLE WAS/WERE THE INJURED PERSON/PEOPLE RIDING?

NAME OF DOCTOR OR HOSPITAL	ADDRESS – STREET	CITY	STATE	ZIP

DATE OF THIS WRITTEN REPORT	SIGNATURE

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DRIVER'S REPORT OF ACCIDENT

WITNESS CARD

USE REVERSE SIDE IF NECESSARY

NAME		PHONE	
ADDRESS	**CITY**	**STATE**	**ZIP**
DATE	**TIME**		

DID YOU SEE THE ACCIDENT HAPPEN?

REMARKS

WITNESS CARD

USE REVERSE SIDE IF NECESSARY

NAME		PHONE	
ADDRESS	**CITY**	**STATE**	**ZIP**
DATE	**TIME**		

DID YOU SEE THE ACCIDENT HAPPEN?

REMARKS

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DRIVER'S REPORT OF ACCIDENT

INFORMATION EXCHANGE

USE THIS CARD TO OBTAIN KEY INFORMATION FROM THE OTHER DRIVER INVOLVED
USE REVERSE SIDE IF NECESSARY

NAME			PHONE	
ADDRESS		CITY	STATE	ZIP
NAME OF YOUR INSURANCE COMPANY				
YEAR AND MAKE OF VEHICLE			LICENSE NUMBER	
ARE YOU THE OWNER?				
INJURED PASSENGERS	ADDRESS	CITY	TELEPHONE	
WITNESSES	ADDRESS	CITY	TELEPHONE	

INFORMATION EXCHANGE

USE THIS CARD TO OBTAIN KEY INFORMATION FROM THE OTHER DRIVER INVOLVED
USE REVERSE SIDE IF NECESSARY

NAME			PHONE	
ADDRESS		CITY	STATE	ZIP
NAME OF YOUR INSURANCE COMPANY				
YEAR AND MAKE OF VEHICLE			LICENSE NUMBER	
ARE YOU THE OWNER?				
INJURED PASSENGERS	ADDRESS	CITY	TELEPHONE	
WITNESSES	ADDRESS	CITY	TELEPHONE	