

# driver's accident report



*\*Please remember to take photos with a phone or camera (if available).*

### Reporting Instructions

- Report all collisions promptly, especially those involving serious injury or death
- Carefully examine all damage to vehicles and property

Date: \_\_\_\_\_ (AM) or (PM)

### Your Vehicle

Driver Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Drivers Lic. No \_\_\_\_\_ Lic. Plate No. \_\_\_\_\_  
Make of Vehicle \_\_\_\_\_ Model \_\_\_\_\_ Yr. \_\_\_\_\_ VIN # \_\_\_\_\_  
Location of Collision \_\_\_\_\_

### Conditions

Pavement: Dry Wet Ice Snow Weather \_\_\_\_\_ Visibility \_\_\_\_\_  
Traffic Control: Lights Signs None Police Investigation: Y or N Officer name and Badge# \_\_\_\_\_  
Summons Issued: Y or N To whom? \_\_\_\_\_

### Other Vehicle

Driver Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Drivers Lic. No \_\_\_\_\_ Lic. Plate No. \_\_\_\_\_  
Make of Vehicle \_\_\_\_\_ Model \_\_\_\_\_ Yr. \_\_\_\_\_ VIN # \_\_\_\_\_  
Address \_\_\_\_\_  
Owner \_\_\_\_\_ Insurance \_\_\_\_\_  
Vehicle Speed \_\_\_\_\_ Direction: N S E W

### Property Damaged Other Than Vehicles

Owner \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ What was damaged \_\_\_\_\_  
Location of property \_\_\_\_\_

### List All Persons Involved

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Involvement: Your vehicle Other vehicle Pedestrian Injured: Y orN  
Describe \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Involvement: Your vehicle Other vehicle Pedestrian Injured: Y orN  
Describe \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Involvement: Your vehicle Other vehicle Pedestrian Injured: Y orN

### Accident Description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Upon completion of this form, report your claim to **Meadowbrook Insurance** using one of the following channels:

- Toll free phone #: (800)825-9489
- Toll free fax #: (855)832-8793
- Email: newclaim@meadowbrook.com