

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 _____

Accident Description

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

Phone: 201-748-3111
Fax: 866-343-5724
Email: autoclaims@berkleyenvironmental.com
Mail: 101 Hudson Street
25th Floor, Suite 2550
Jersey City, New Jersey 07302

In case of Emergencies, Weekends or Holidays: 877-343-5724