AUTOMOBILE ACCIDENT REPORT

Collision | Property Damage | Bodily Injury

GNP INSURANCE BROKERAGE

INSURED INFORMATION

NAMED INSURED

INSURANCE CARRIER

POLICY NUMBER

INSURED CONTACT NAME

PHONE NUMBER

EMAIL

INSURED VEHICLE & DRIVER

YEAR

MAKE / MODEL

VIN

PLATE NUMBER

STATE

Vehicle Type: ☐ Private Passenger ☐ Van / Light Truck ☐ Tractor-Trailer ☐ Bus ☐ Other

DRIVER NAME

DRIVER PHONE

DATE OF BIRTH

DRIVER'S LICENSE NUMBER

LICENSE STATE

RELATIONSHIP TO INSURED

Was the driver using the vehicle for business at the time? ☐ Yes ☐ No

Was the driver operating with the insured's permission? ☐ Yes ☐ No

ACCIDENT DETAILS

DATE OF ACCIDENT

TIME OF ACCIDENT ☐ am ☐ pm

DATE INSURED WAS NOTIFIED

Location of the accident

STREET / INTERSECTION

CITY

STATE

WEATHER CONDITIONS

ROAD CONDITIONS

DESCRIPTION OF ACCIDENT (DIRECTION OF TRAVEL, POINT OF IMPACT, AND HOW THE ACCIDENT OCCURRED)

POLICE DEPARTMENT / AGENCY

POLICE REPORT NUMBER

CITATION ISSUED TO

Were photos or dash cam video taken at the scene? ☐ Yes ☐ No

DAMAGE TO INSURED VEHICLE

DESCRIPTION OF DAMAGE

Is the vehicle drivable? ☐ Yes ☐ No

CURRENT LOCATION OF VEHICLE

ESTIMATE OF DAMAGE

OTHER VEHICLE / PROPERTY INVOLVED

Was another vehicle or property involved? ☐ Yes ☐ No

OWNER NAME

DRIVER NAME

DRIVER ADDRESS

PHONE NUMBER

YEAR

MAKE / MODEL

PLATE NUMBER

STATE

INSURANCE COMPANY

POLICY NUMBER

DESCRIPTION OF DAMAGE TO OTHER VEHICLE / PROPERTY

INJURIES

Was anyone injured? ☐ Yes ☐ No ☐ Unknown

NAME

PHONE NUMBER

VEHICLE / PEDESTRIAN

INJURY & TREATMENT

NAME

PHONE NUMBER

VEHICLE / PEDESTRIAN

INJURY & TREATMENT

WITNESSES

WITNESS NAME

PHONE NUMBER

WITNESS NAME

PHONE NUMBER

REPORTING INFORMATION

NAME OF PERSON SUBMITTING THIS REPORT

TITLE

DATE OF REPORT

PHONE NUMBER

EMAIL

ADDITIONAL COMMENTS (ATTACH A SEPARATE SHEET IF MORE VEHICLES OR PEOPLE WERE INVOLVED)