Immediately after an accident fill out this form and send to: Nancy Davis - ACC Insurance Dept. 3424 Wilshire Blvd-LA, CA 90010

Fax: 213-637-6168 / email: ndavis@la-archdiocese.org

LOCATION CODE:								
THIS ACCIDENT RESULTED IN:								
BODILY INJURY								

☐ PROPERTY DAMAGE ONLY

## **ARCHDIOCESE OF LOS ANGELES**

## **ACCIDENT REPORT, AUTO AND TRUCK**

	(FOR BODIL)	Y INJURY C	OR DAMAGE TO ANO	OTHER'S PROPERTY OF	R FOR DAMA	AGE TO YOUR	VEHIC	CLE)				
LOCATION												
NAME		PHONE	DRIVER NAME		PHONE		DATE O	DATE OF BIRTH				
ADDRESS				ADDRESS		•			NUMBER	R OF YEARS WITH COMPANY		
CITY STATE			ZIP	CITY		STATE		ZIP	DRIVER	DRIVER'S LICENSE NUMBER		
VEHICLE												
MAKE OF YOUR VEHICLE	`	YEAR	MODEL	SERIAL NUMBER LICENS		LICENSE NUMBE	NUMBER WHERE VEHICLE CAN		CAN BE SEEN	N BE SEEN		
TRAILER (IF APPLICABLE)  YEAR		MODEL	AREA OF DAMAGE				SED FOR BUSINESS		STIMATED COST TO REPAIR			
ACCIDENT												
DATE OF LOSS TIME OF LO			OSS	LOCATION (STREETOR HIGHWAY)			CITY STATE					
WERE POLICE CALLED TO SCENE?  YES \( \sum \) NO \( \sum \)			PT. CALLED DRIVER			ARRE		TED TICKETED VIOLATION				
NAME OF OFFICER BADGE NUI		MBER										
STATION ADDRESS												
CLAIMANT 1						•						
OWNER OF OTHER VEHICLE AGE		AGE	ADDRESS	CITY		STA	STATE ZIP		PH	PHONE		
DRIVER, IF OTHER THAN ABOVE		AGE	ADDRESS	CITY		STA	STATE ZIP		Pł	HONE		
MAKE OF VEHICLE	YEAR	MODEL	LICENSE NO.	AREA OF DAMAGE		STIMATED OF DAMAGE			W	WHERE CAN VEHICLE BE SEEN		
CLAIMANT 2			•	•								
OWNER OF OTHER VEHICLE		AGE	ADDRESS		CITY	STATE		ZIP		HONE		
DRIVER, IF OTHER THAN ABOVE		AGE	ADDRESS	CITY		STA	STATE ZIP		PHONE			
MAKE OF VEHICLE	YEAR	MODEL	LICENSE NO.	AREA OF DAMAGE	1	ESTIMATED OF \$	F DAMAG	E	W	HERE CAN VEHICLE BE SEEN		
PROPERTY DAMAG	E – OTHER	THAN AU	TO (i.e. FENCE, C	CANOPY)		•			•			
			ADDRESS		CITY	STA	ATE	ZIP	Pł	HONE		
DESCRIBE DAMAGED PROPERTY LOCATION OF PROPE			LOCATION OF PROPERTY	Y	CITY	STA	ATE	ZIP	EX	XTENT OF DAMAGE		
WITNESS INFORMA	TION		-			•		-				
NAME			ADDRESS		CITY		ATE	ZIP		HONE		
NAME		ADDRESS		CITY STATE		ATE	ZIP		HONE			
						•						



PERSONS INJURED (USE ADDITIONAL SHEET IF NECESSARY)										
NAME		AGE	NAME	AGE						
ADDRESS		PHONE	ADDRESS PHONE							
CITY	TATE	ZIP	CITY	STATE	•					
OCCUPATION	WHERE TAKEN	•	OCCUPATION	WHERE TAKEN						
FATALITY	☐ PEDEST	RIAN	☐ FATALITY		١					
☐ BLEEDING OR DISTORTED	O WOUND	VEHICLE	☐ BLEEDING OR DISTORTED WOUND ☐ IN YOUR VEHICLE							
☐ UNCONSCIOUSNESS	_	MANT VEHICLE	☐ UNCONSCIOUSNESS ☐ IN CLAIMANT VEHICLE							
		MAINT VEHICLE								
☐ NO VISIBLE INJURY – COM OF PAIN	MPLAINED		☐ NO VISIBLE INJURY – COMPLAINED OF PAIN							
OTHER			OTHER							
	<del></del>									
ADDITIONAL REMARKS:										
DESCRIBE ACCIDENT										
DEGCKIBE AGGIDENT			ACCIDENT DIAGRAM		$\wedge$					
				VEHICLES → 1 2 ←	PEDESTRIAN () ←					
					North					
					North					
			T							
					\ \ \					
			/ /		/ //					
WHAT STREET WERE YOU ON?		CLAIMANT 1		CLAIMANT 2						
WHAT DIRECTION WERE YOU TRAVELING	G?	CLAIMANT 1		CLAIMANT 2						
WEATHER CONDITIONS			TRAFFIC CONDITIONS							
□DRY □WET □ICY □	FOGGY		□LIGHT □MODERATE							
SPEED LIMIT		WHERE YOU FAMILIAR WITH AREA		TRAFFIC CONTROLS						
		∐YES ∐NO								
HAS THIS ACCIDENT BEEN REPORTED TO	O THE ARCHDIOCESE OF LOS ANG	ELES?								
□YES □NO										
NAME OF PERSON COMPL	LETING THIS FORM:									
	_									
SIGNATURE	-									
DATE										
DATE	-									

