DRIVER'S REPORT OF ACCIDENT

DRIVER:

Always request a police report. Complete both sides of this form & submit immediately.

REPORT / SUBMIT CLAIM INFO TO:

fairaclaimsreporting@networkadjusters.com 720-399-4400 (business hours) 415-205-8648 (after hours)

FAIRA	

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- - -

DISTRICT NAME:	
DISTRICT ADDRESS:	
CONTACT PHONE #:	

INJURED PERSONS

1. Name:	_
Address:	_
Nature & Extent of Injury:	_

(If none noted or expressed, so state below)

2. Name:______ Address:______ Nature & Extent of Injury:______

(If none noted or expressed, so state below)

YOUR VEHICLE (Vehicle "A")

Driver Phone:			_
DL #:	Type:	State:	
DL Expiration Date:			
Driver Address:			
Make:	_ Model:	Year:	
Vehicle ID Number (V	′IN):		
License Plate Number:			
Owner's Name:			
Owner's Address:			
Insurance Co.:			
Damaged Part(s) of C	ar:		

OTHER VEHICLE (Vehicle "B")

Driver Phone:		
DL #:	Type:	State:
DL Expiration Date:		
Driver Address:		
		Year:
Vehicle ID Number (N	/IN):	
License Plate Numbe	er:	
Owner's Name:		
Owner's Address:		
Insurance Co.:		
Damaged Part(s) of (

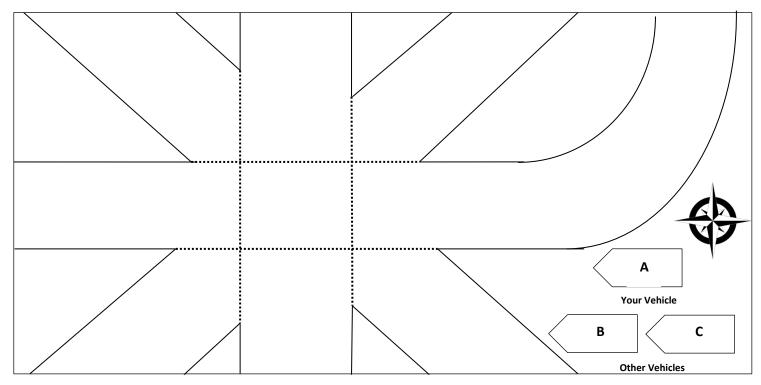
OTHER VEHICLE (Vehicle "C")

Driver Phone:		
		State:
DL Expiration Date:		
Driver Address:		
		Year:
Vehicle ID Number (/IN):	
License Plate Numbe		
Owner's Name:		
Owner's Address:		
Insurance Co.:		
Damaged Part(s) of C	Car:	

List Other Occupants of Vehicles

(Indicate which vehicle each person occupied and where seated)

On the diagram below show the position of each vehicle at the time of the accident. Use vehicle symbols to indicate each vehicle and label them A (for your vehicle), B, C, etc. for other vehicles. Indicate the direction of travel of each vehicle by an arrow. Indicate traffic signs or signals. Indicate "North" on the compass symbol. Show any stationary objects involved.



Briefly describe the accident; add pertinent comments not covered on the first page.		



SUBMIT ACCIDENT / CLAIM INFORMATION WITHIN 24 HRS* TO: fairaclaimsreporting@networkadjusters.com

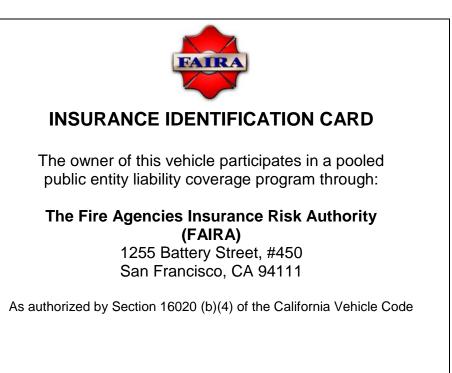
OR CALL OUR DEDICATED HOTLINES: 720-399-4400 (business hours) 415-205-8648 (after hours)

IMPORTANT

PLEASE READ!

If you are involved in an Accident...

- 1. Stop immediately, avoid obstructing traffic if possible. Put out emergency flares. Warn oncoming traffic UNLESS PERSONAL SAFETY IS JEOPARDIZED.
- 2. Aid the injured.
- 3. ALWAYS notify law enforcement; obtain a police report, no matter how minor you believe the incident to be.
- 4. Notify your supervisor immediately.
- 5. Get witnesses. Pass out Witness Courtesy Cards & collect upon completion.
- Do not discuss the accident with anyone except law enforcement, your employer, FAIRA or Claims Management, and only after each has presented proper identification. Sign no papers except from one of the above.
- 7. NEVER admit liability or agree to pay for damages.
- 8. Be courteous at scene of accident, do not argue. Show your driver's license willingly.
- 9. Submit COMPLETED forms to your supervisor/employer immediately after return.
- 10. Take photographs of all vehicles, damaged property, drivers and passengers.



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UNATTENDED VEHICLE PROPERTY ACCIDENT NOTIFICATION
Date of Accident: Time:
Address/Location of Accident:
Unattended Vehicle License #
Make, Model, Year:
Damaged Part(s) of vehicle or property:
District Name/Address:
District Driver:
Telephone:
District Vehicle License #:
District Vehicle Make, Model, Year:

WITNESS COURTESY CARD	
Please Print Your: Name:	
Address:	
City: State: ZIP:	
Phone Number:	
Business Phone Number:	
Date: Time:	
Did you see the accident happen?	
Remarks:	
Use reverse side if necessary	

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