



**DRIVER'S REPORT OF ACCIDENT**

**DRIVER:**

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

**REPORT / SUBMIT CLAIM INFO TO:**

myghcnewclaims@georgehills.com  
(916) 859-4800 (business hours)  
(855) 442-2357

**DISTRICT NAME:** \_\_\_\_\_

**DISTRICT ADDRESS:** \_\_\_\_\_

**CONTACT PHONE #:** \_\_\_\_\_

Date of Accident: \_\_\_\_\_  
Time: \_\_\_\_\_ am/pm Day of Week: \_\_\_\_\_  
Location of Accident: \_\_\_\_\_  
Road Conditions: \_\_\_\_\_  
Your Direction: \_\_\_\_\_  
Speed: \_\_\_\_\_  
Direction of Other Car: \_\_\_\_\_  
Speed: \_\_\_\_\_  
Police Report Taken?: \_\_\_\_\_ Report#: \_\_\_\_\_  
If not, why?: \_\_\_\_\_  
Police Department Name: \_\_\_\_\_  
Police Officer's Name: \_\_\_\_\_  
Badge #: \_\_\_\_\_  
Was Summons Issued?: \_\_\_\_\_ To Whom? \_\_\_\_\_

**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 (VIN): \_\_\_\_\_  
License Plate Number: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_  
Damaged Part(s) of Car: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER VEHICLE (Vehicle "B")**

Driver Phone: \_\_\_\_\_  
DL #: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_  
DL Expiration Date: \_\_\_\_\_  
Driver Address: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Vehicle ID Number (VIN): \_\_\_\_\_  
License Plate Number: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_  
Damaged Part(s) of Car: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER VEHICLE (Vehicle "C")**

Driver Phone: \_\_\_\_\_  
DL #: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_  
DL Expiration Date: \_\_\_\_\_  
Driver Address: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Vehicle ID Number (VIN): \_\_\_\_\_  
License Plate Number: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_  
Damaged Part(s) of Car: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List Other Occupants of Vehicles**

*(Indicate which vehicle each person occupied and where seated)*

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

