

Witnesses:

1. NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
WHERE WAS THE WITNESS? _____
2. NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
WHERE WAS THE WITNESS? _____
3. NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
WHERE WAS THE WITNESS? _____

Persons Injured:

1. NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
NATURE OF INJURIES? _____
2. NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
NATURE OF INJURIES? _____
3. NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
NATURE OF INJURIES? _____

Accident Report

Keep this form in the glove compartment of your vehicle.
In the event of an accident, fill in all available information
while at the scene.

Glatfelter
INSURANCE GROUP®
An **AIG** company

183 Leader Heights Road | York, PA 17402
800.233.1957 | 717.741.0911
glatfelters.com

Damage to Your Vehicle:

NAME OF INSURED _____
MAKE OF VEHICLE _____ VIN# _____
DRIVER'S NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
EMAIL ADDRESS _____
DESCRIBE DAMAGE _____

POLICE REPORT? YES ☐ NO ☐
NAME OF POLICE DEPARTMENT _____
POLICE REPORT # _____

If witness or witnesses are in another care and refuse to give their
names, write down the license plate number.

LICENSE NO. _____
MAKE OF VEHICLE _____ MODEL _____

Damage to Property of Others:

1. OWNER NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
MAKE OF CAR _____ YEAR _____
DRIVER _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
DRIVER'S LICENSE NO. _____
IS OTHER CAR INSURED? YES ☐ NO ☐
NAME OF CO. _____
POLICY # _____
DESCRIBE DAMAGE AND ATTACH PHOTOS _____

Damage to Property of Others (cont.)

2. OWNER NAME _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
MAKE OF CAR _____ YEAR _____
DRIVER _____
ADDRESS _____
CITY/STATE _____ PHONE NO. _____
DRIVER'S LICENSE NO. _____
IS OTHER CAR INSURED? YES ☐ NO ☐
NAME OF CO. _____
POLICY # _____
DESCRIBE DAMAGE AND ATTACH PHOTOS _____

Details of accident:

DATE _____ TIME _____

PLACE OF ACCIDENT (NAME STREETS)

ROAD SURFACE AND CONDITION

CONCRETE ☐ BLACKTOP ☐ TAR/CHIP ☐

STONE ☐ DIRT ☐ NONE ☐

OTHER: _____

WEATHER CONDITIONS

SUNNY ☐ CLOUDY ☐ RAINING ☐

SLEET/HAIL ☐ FOG ☐ WIND ☐

SNOW ☐ FREEZING RAIN/ICE ☐

OTHER: _____

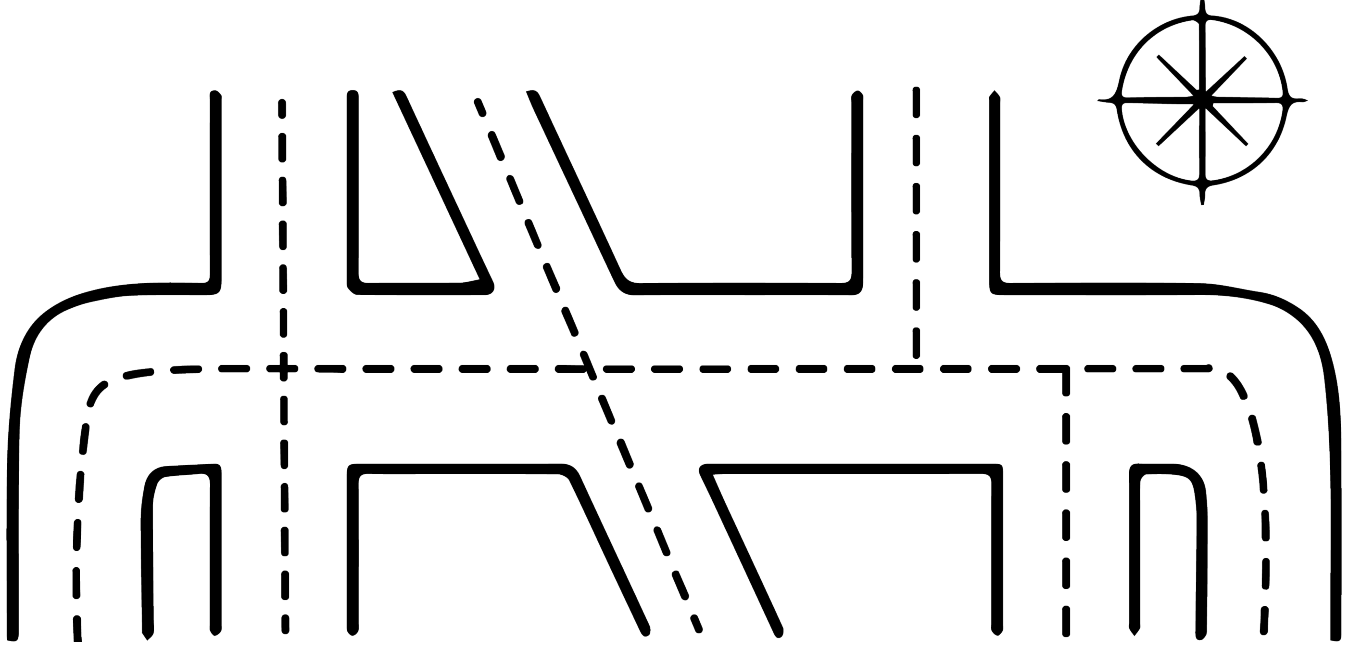
Motor Vehicle Diagram:

INSTRUCTIONS:

1. Complete the diagram showing direction and position of vehicles involved.
2. Indicate point of contact.
3. Label street names and directions (N, S, E, W).

MY VEHICLE (A) OTHER VEHICLES

A **B** **C**



MY VEHICLE (A):

GOING WHAT DIRECTION_____

SPEED (MPH) _____

EMERGENCY RESPONSE YES ☐ NO ☐

OTHER VEHICLE (B):

GOING WHAT DIRECTION_____

SPEED (MPH) _____

OTHER VEHICLE (C):

GOING WHAT DIRECTION_____

SPEED (MPH) _____

DETAILS OF ACCIDENT/REMARKS:

[illegible]