

YOUR VEHICLE

Owner _____
Driver _____
CDL# _____
Address _____

Phone # _____
Vehicle _____
Vehicle ID# _____
Vehicle Lic# _____
Damages _____

OTHER VEHICLE

Owner _____
Driver _____
CDL# _____
Address _____

Phone # _____
Vehicle _____
Vehicle ID# _____
Vehicle Lic# _____
Damages _____

Ins Carrier _____
Policy # _____
Phone # _____

POLICE/WITNESS INFORMATION ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

POLICE INFORMATION

Name of Police _____
Department _____

Name of Officer _____

Case # _____
Badge # _____

WITNESS INFORMATION

Name _____
Address _____

Phone # _____
Insured Vehicle Pedestrian
Claimant's Other Vehicle
Vehicle _____

Witness's Description of Accident:

DIOCESE OF STOCKTON

Driver's Accident Report

If you are in an accident

- 1. Stop at once.**
Check for Injuries and call for ambulance if needed.
- 2. Do not admit liability.**
Make no statements regarding fault or payment of any bills.
- 3. Complete this report at the scene.**
Obtain information on form and complete with as much detail as possible.
- 4. Immediately report accidents to:**

Christine Bagetakos
Arthur J. Gallagher Insurance Brokers

E-mail: wr-claims@ajg.com

Phone: 866-971-9462
Fax: 866-971-9464

ARTHUR J. GALLAGHER INSURANCE BROKERS



ACCIDENT DETAILS

Date

Time

Location

Your Speed

Other Speed

Speed Limit

Citation Issued Yes No

Against Whom

Reason

INJURED PERSONS

Name _____

Address _____

Phone # _____

Type Injury _____

Name _____

Address _____

Phone # _____

Type Injury _____

Name _____

Address _____

Phone # _____

Type Injury _____

