

**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. Forward a copy of the report to Doug Adel in the chancery office.
- 5. Immediately report accidents to:**

**Marlene Allen-Ricone**  
Arthur J. Gallagher Insurance Brokers  
E-mail: [GGB.NRCClaimscenter@ajg.com](mailto:GGB.NRCClaimscenter@ajg.com)  
  
Phone: 866-971-9462  
Fax: 866-971-9464

**ARTHUR J. GALLAGHER INSURANCE BROKERS**

### DRIVERS REPORT OF ACCIDENT



**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 \_\_\_\_\_

