

**STATEMENT OF ACCIDENT:**

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Where did accident happen? \_\_\_\_\_

\_\_\_\_\_

Make of your car: \_\_\_\_\_ VIN# \_\_\_\_\_

License Plate No.: \_\_\_\_\_ Year/Model: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_ License No: \_\_\_\_\_

What parts of your car were damaged? \_\_\_\_\_

Where can car be seen? \_\_\_\_\_

Were you injured? \_\_\_\_\_ Was anyone injured? \_\_\_\_\_

Give name, age & address of all injured: \_\_\_\_\_

Was there an ambulance at the scene? \_\_\_\_\_

Nature of injuries: \_\_\_\_\_

Where does injured person work? \_\_\_\_\_

\_\_\_\_\_

Make of other car: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ Year/Model: \_\_\_\_\_

Color: \_\_\_\_\_ Driveable? \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Describe accident (include speeds, directions of travel, traffic controls, weather factors):

\_\_\_\_\_

\_\_\_\_\_

Name, address and daytime phone of all witnesses (include all occupants of your car):

\_\_\_\_\_

Have each complete witness statement.

Did you report accident to authorities? \_\_\_\_\_

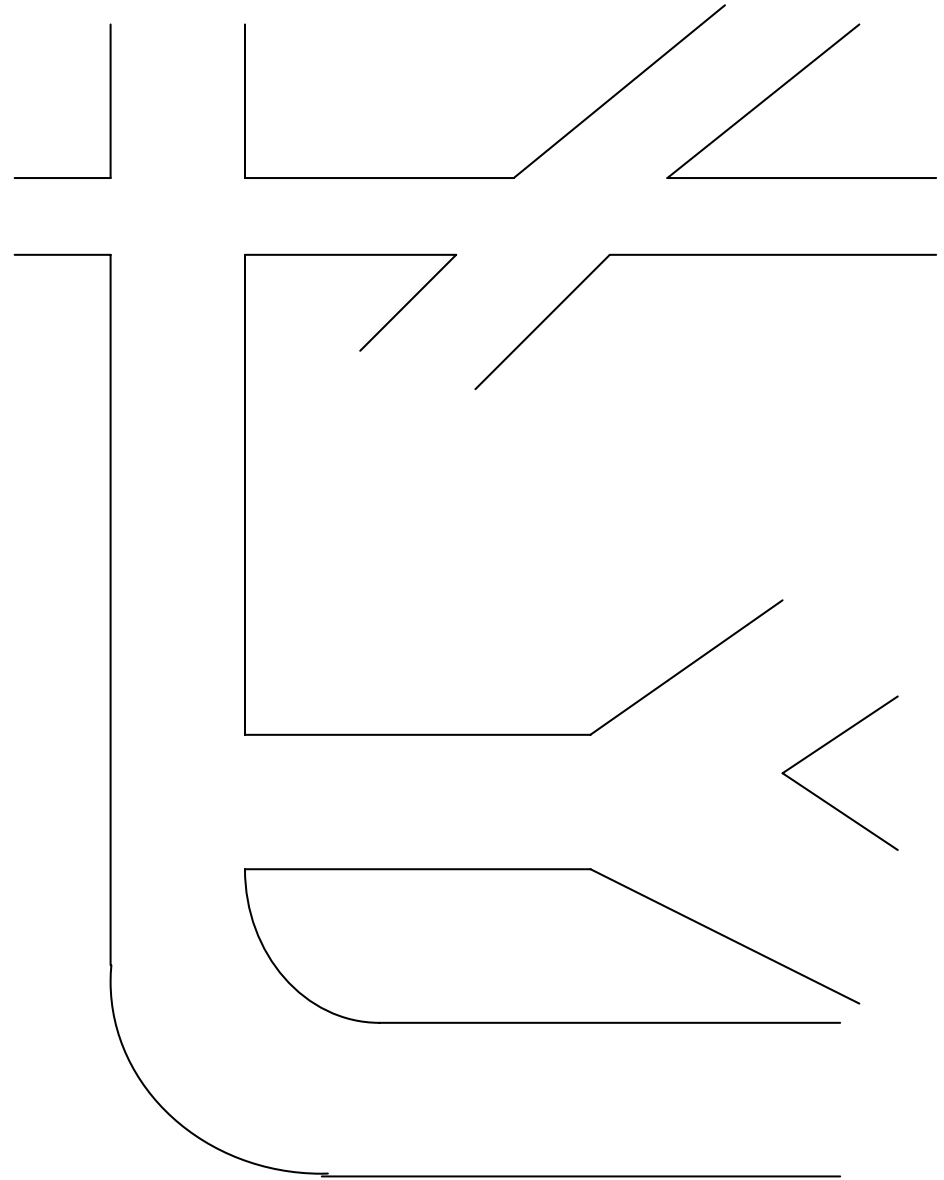
Which police department? \_\_\_\_\_

Any tickets issued? \_\_\_\_\_

\_\_\_\_\_

**DIAGRAM OF ACCIDENT:**

Show names of streets and directions in which vehicles were going. Indicate north, south, east and west. Show position of vehicles.



# HOW TO REPORT AN AUTOMOBILE CLAIM

## Report All Claims to:

**Risk Planners**  
**P.O. Box 240**  
**Minneapolis, MN 55440**  
**Ph.: 1.800.328.6382**  
**Fax: 952.914.5756**  
**Email: [claims@riskplanners.com](mailto:claims@riskplanners.com)**



## Steps to Take In the Event of an Auto Accident:

- ◆ **Turn on flashers**
- ◆ **Don't discuss fault**
- ◆ **Check for injuries**
- ◆ **Call ambulance (if appropriate)**
- ◆ **Notify Police**(ask someone to call if you cannot)  
Most jurisdictions require that you report any accident involving injuries or significant property damage to the police. Please cooperate fully with the investigating officer, but avoid discussing any details of the accident or your opinion of its cause with anyone else.
- ◆ **Don't move vehicle until pictures are taken or police arrive**  
(unless it presents a safety hazard)

## Before you leave the accident scene:

- ◆ **Collect basic information** about where and when the accident happened, who was involved, the identity of any injured person, witnesses, vehicles and so on. The Statement of Accident form on the inside page of this form will help you do that.
- ◆ **Obtain police report number**  
↳ Record here: \_\_\_\_\_

## How to Report a Claim:

- ◆ **Report incident to Risk Planners at 1-800-328-6382;** Be prepared to give us the facts of the accident, along with your company name and facility location.
- ◆ **Notify your manager of incident**
- ◆ **Policy Period:**  
**Policy Number:**  
**Insurer:**