

AUTOMOBILE ACCIDENT REPORT

The information recorded on this form is critical to the accident investigation process. Please complete all sections in as much detail as possible and return to the Ascend Insurance Brokerage contact listed below.

BROKER CONTACT – ASCEND INSURANCE BROKERAGE

Name	Phone	Fax	E-mail
Michelle Carroll	214-635-3317	800-521-8540	mcarroll@higginbotham.net

INSURED INFORMATION

Company Name		Event Name
Insured Contact	Telephone	E-mail

BACKGROUND INFORMATION

Date of Accident	Time of Accident	
Location of Accident (Include Street Name or Intersection, City, and State)		
Police at Scene? (Y/N)	Department	Report No#.
Citation Issued? (Y/N)	To/For:	

VEHICLE #1 – YOUR VEHICLE

Owners Name / Company Name / Phone Number					
Driver's Name			Relation To Company (Position)		
Telephone	Fax	E-mail			
Address					
Driver's License No#.	State	Year	Make	Model	VIN Number
Damage to Vehicle					
Vehicle Drivable? (Y/N)		If No, Where Was Vehicle Taken?			

VEHICLE #2 – OTHER VEHICLE

Driver's Name			
Telephone	Fax	E-mail	
Address			
Driver's License No#.	State	LICENSE PLATE NO#.	STATE
Owners Name / Company Name			
Owner Address			
Year	Make	Model	VIN Number
Damage to Vehicle			
Insurance Company	Policy No#.	Contact Name / Number	

ACCIDENT DESCRIPTION

Narrative (REQUIRED) – Include a detailed account of what happened, points of impact, weather conditions, etc.

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OTHER INFORMATION

Property Damage Other Than Vehicle(s)

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Property Owner Name and/or Name of Business and/or Management Company

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Telephone

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Fax

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E-mail

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WITNESS(ES)

1. Name Address Home Phone/Business Phone

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2. Name Address Home Phone/Business Phone

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3. Name Address Home Phone/Business Phone

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INJURED PARTIES

1. Name Phone Number & Address

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Injury

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2. Name Phone Number & Address

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Injury

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3. Name Phone Number & Address

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Injury

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COMPLETED BY

--

Date

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Title

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