



**California Insurance Center**  
 3697 Mt. Diablo Blvd.  
 Lafayette, CA 94549

**After Hours Emergency Claims Pager**  
 (800) 713 7458

# Automobile Accident Report

## Instructions

Please complete the form below and fax it to (925) 299 0328.  
 Questions? Please call (925) 299 1112 to speak with a claims specialist.

## In the Event of an Accident ...

- Contact appropriate authorities/first aid/medical assistance immediately.  
 Be polite, courteous and understanding with all parties. Cooperate fully with any authorities.  
 Refer any questions regarding further claim contact to CIC.
- Do not admit fault, discuss liability, or make any commitments at the scene.
- Take photos if possible.
- Take all steps necessary to mitigate further damages. Maintain records and receipts for any expenses. Do not authorize any non-emergency repairs.
- Contact CIC immediately via phone, fax, after-hours pager or email [claims@cic-ins.com](mailto:claims@cic-ins.com)
- Start a list of all damaged/stolen property. Secure receipts/records of original as well as any replacements.

### Date and Location of Accident

Date Accident Occurred	City Where Accident Occurred
Time Accident Occurred	County Where Accident Occurred
Road Conditions (Wet, Construction, Lane Closed, etc.)	Road, Street or Highway
Weather Conditions (Rainy, Sunny, Snowing, etc.)	Cross Street or Nearest Exit
Indicate Any Obstructions to Driver's View	Direction of Travel <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West

Detailed Accident Description

Diagram of Accident (Label your vehicle as Vehicle 1.)

**Vehicle 1**  
**Your Vehicle**

Driver Name
Driver's License Number
Vehicle Year
Vehicle Make/Model
Vehicle Identification Number (VIN)

Description of Damage
Is the vehicle drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, please provide "towed to" garage name and telephone. _____

**Vehicle 2**

Driver Name
Driver's License Number
Vehicle Year
Vehicle Make/Model
Vehicle Identification Number (VIN)
Insurance Company

Description of Damage
Is the vehicle drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, please provide "towed to" garage name and telephone. _____
Policy Number

**Other Vehicles**

Please provide detailed information for any other vehicles and drivers involved in the accident.
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**Police**

City Police or CHP
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Police Report Number
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**Witnesses**

Witness 1 Name, Address and Telephone
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Witness 2 Name, Address and Telephone
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Witness 3 Name, Address and Telephone
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Witness 4 Name, Address and Telephone
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**Injury 1**

Name
Address
Telephone

Nature of Injury
Taken to hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, please provide hospital name _____
Injury Occurred <input type="checkbox"/> Vehicle 1 <input type="checkbox"/> Vehicle 2 <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other. Please specify _____ _____

**Injury 2**

Name
Address
Telephone

Nature of Injury
Taken to hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, please provide hospital name _____
Injury Occurred <input type="checkbox"/> Vehicle 1 <input type="checkbox"/> Vehicle 2 <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other. Please specify _____ _____

**Other Injuries**

Please provide detailed information for any other injuries.
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**Additional  
Comments**

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