

**AUTO ACCIDENT REPORT FORM**

Please report to Barb Hensler at (608) 288-2877 or 1-800-272-2443

Fax: (608) 273-1725 E-mail: barb.hensler@m3ins.com

Company Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employee Completing Report/Title: \_\_\_\_\_

**DATE OF LOSS:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Time:** \_\_\_\_\_ AM/PM

Location of Accident (including city): \_\_\_\_\_

**POLICE DEPT. NOTIFIED?**  Yes  No **Case Number Assigned:** \_\_\_\_\_

Tickets Issued?  Yes  No **Issued to:** \_\_\_\_\_ **For:** \_\_\_\_\_

**INSURED VEHICLE:** \_\_\_\_\_  
(Include last 4 digits of vehicle identification number)

Damage to insured vehicle: \_\_\_\_\_

**INSURED DRIVER:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address of Driver: \_\_\_\_\_

**OTHER DRIVER NAME:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Other Vehicle: \_\_\_\_\_ **Insured with:** \_\_\_\_\_

Damage to Other Vehicle: \_\_\_\_\_ **Policy No.:** \_\_\_\_\_

**DESCRIPTION OF ACCIDENT:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INJURED INDIVIDUALS:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**WITNESSES:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_