

# AUTOMOBILE ACCIDENT REPORTING FORM

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

Location of Accident: (include city and state) \_\_\_\_\_

Police Dept.: \_\_\_\_\_ Case #: \_\_\_\_\_

Description of Occurrence: \_\_\_\_\_

Name and address of injured: (Owner of property if property damage.)

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

Description of property damaged: \_\_\_\_\_

Witnesses (if any): \_\_\_\_\_

Additional comments: \_\_\_\_\_

Insured Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ VIN: \_\_\_\_\_

Driver Name: \_\_\_\_\_ License #: \_\_\_\_\_

**Reported By:** \_\_\_\_\_ **Date of Report:** \_\_\_\_\_

**NOTE:** All claims involving damage from potholes, manholes, street grates, etc. must be submitted within seven (7) calendar days from the date of occurrence and reference RI State Law 24-5-13.

