



IMMEDIATELY AFTER AN ACCIDENT FILL OUT THIS FORM AND SEND TO:

### GALLAGHER BASSETT SERVICES, INC. ACCIDENT REPORT, AUTO AND TRUCK

(FOR BODILY INJURY OR DAMAGE TO ANOTHER'S  
PROPERTY OR FOR DAMAGE TO YOUR VEHICLE)

LOCATION CODE: \_\_\_\_\_

THIS ACCIDENT RESULTED IN:

- BODILY INJURY  
 PROPERTY DAMAGE ONLY

#### CLIENT

NAME	PHONE	DRIVERS NAME	PHONE	DATE OF BIRTH		
ADDRESS			ADDRESS	YEARS WITH COMPANY		
CITY	ST.	ZIP	CITY	ST.	ZIP	DRIVERS LICENSE NO.

#### VEHICLE

MAKE OF YOUR VEHICLE	YEAR	MODEL	SERIAL NUMBER	LICENSE NUMBER	WHERE CAN VEHICLE BE SEEN
TRAILER (IF APPLICABLE)	YEAR	MODEL	AREA OF DAMAGE	USED FOR BUSINESS <input type="checkbox"/> YES <input type="checkbox"/> NO	ESTIMATED COST TO REPAIR \$

#### ACCIDENT

DATE OF LOSS	TIME OF LOSS	LOCATION (STREET OR HIGHWAY)	CITY	STATE	
WERE POLICE CALLED TO SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO	POLICE DEPT. CALLED:	DRIVER	ARRESTED	TICKETED	VIOLATION
NAME OF OFFICER	BADGE NUMBER				
STATION ADDRESS					

#### CLAIMANT 1

OWNER OF OTHER VEHICLE:	AGE	ADDRESS	CITY	STATE	ZIP	PHONE
DRIVER, IF OTHER THAN ABOVE	AGE	ADDRESS	CITY	STATE	ZIP	PHONE
MAKE OF VEHICLE	YEAR	MODEL	LICENSE NO.	AREA OF DAMAGE	ESTIMATE OF DAMAGE \$	WHERE VEHICLE CAN BE SEEN

#### CLAIMANT 2

OWNER OF OTHER VEHICLE	AGE	ADDRESS	CITY	STATE	ZIP	PHONE
DRIVER, IF OTHER THAN ABOVE	AGE	ADDRESS	CITY	STATE	ZIP	PHONE
MAKE OF VEHICLE	YEAR	MODEL	LICENSE NO.	AREA OF DAMAGE	ESTIMATE OF DAMAGE \$	WHERE CAN VEHICLE BE SEEN

#### PROPERTY DAMAGE - OTHER THAN AUTO (IE. FENCE, CANOPY)

OWNER OF PROPERTY	ADDRESS	CITY	STATE	ZIP	PHONE
DESCRIBE DAMAGED PROPERTY	LOCATION OF PROPERTY	CITY	STATE	EXTENT OF DAMAGE	

#### WITNESS INFORMATION

NAME	ADDRESS	CITY	STATE	ZIP	PHONE
NAME	ADDRESS	CITY	STATE	ZIP	PHONE

**PERSONS INJURED**

NAME		AGE	NAME		AGE
ADDRESS		PHONE	ADDRESS		PHONE
CITY	STATE	ZIP	CITY	STATE	ZIP
OCCUPATION		WHERE TAKEN	OCCUPATION		WHERE TAKEN
<input type="checkbox"/> FATALITY	<input type="checkbox"/> PEDESTRIAN		<input type="checkbox"/> FATALITY	<input type="checkbox"/> PEDESTRIAN	
<input type="checkbox"/> BLEEDING OR DISTORTED WOUNDS	<input type="checkbox"/> IN YOUR VEHICLE		<input type="checkbox"/> BLEEDING OR DISTORTED WOUNDS	<input type="checkbox"/> IN YOUR VEHICLE	
<input type="checkbox"/> UNCONSCIOUSNESS	<input type="checkbox"/> IN CLAIMANT VEHICLE		<input type="checkbox"/> UNCONSCIOUSNESS	<input type="checkbox"/> IN CLAIMANT VEHICLE	
<input type="checkbox"/> NO VISIBLE INJURY			<input type="checkbox"/> NO VISIBLE INJURY		
<input type="checkbox"/> OTHER			<input type="checkbox"/> OTHER		

ADDITIONAL REMARKS:

DESCRIBE ACCIDENT

VEHICLES >

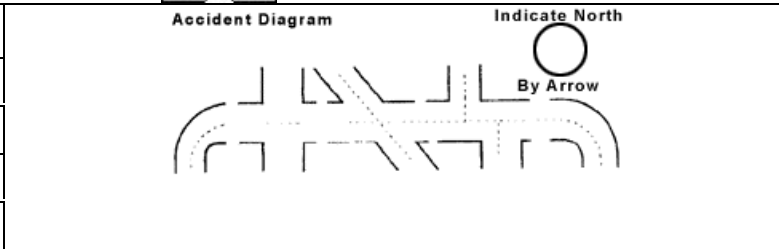
**1.** ~~**2.**~~

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PEDESTRIAN



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WHAT STREET WERE YOU ON	CLAIMANT 1	CLAIMANT 2
WHAT DIRECTION WERE YOU TRAVELING	CLAIMANT 1	CLAIMANT 2
WEATHER CONDITIONS <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> ICY <input type="checkbox"/> FOGGY <input type="checkbox"/> SNOWY	TRAFFIC CONDITIONS <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY	
SPEED LIMIT	WERE YOU FAMILIAR WITH AREA <input type="checkbox"/> YES <input type="checkbox"/> NO	TRAFFIC CONTROLS

**THIS SECTION MUST BE COMPLETED BY SUPERVISOR**

1. DO YOU THINK A CLAIM WILL BE MADE AGAINST YOU?  YES  NO

2. IN MY OPINION WE ARE AT FAULT FOR THIS ACCIDENT.  YES  NO

**IMPORTANT:** HAS THIS ACCIDENT BEEN REPORTED TO OUR LOCAL EMERGENCY ADJUSTER?  YES  NO

IF REPORTED, NAME OF FIRM: \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE ASSIGNED \_\_\_\_\_

DATE OF THIS REPORT	SIGNATURE AND TITLE
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