

Phone: 541-773-5358 Fax: 541-772-1906 Visit protectorsins.com, and click our Claims Center tab to easily access the DMV accident report

## Accident Information Named Insured

| Policyholder:                            | Policy #: _                | Phone #:         |
|--|----------------------------|------------------|
|  | City, State, ZIP Code:     |                  |
| Insured's Vehicle and Driver Information |                            |                  |
| Make/model and year:                     | VIN:                       | License Plate #: |
| Parts damaged:                           |                            |                  |
| Name, Address, and Phone # of Driver:    |                            |                  |
| Other Veh                                | nicle or Property Involved | <b>.</b>         |
| Owner name and address:                  |                            | Phone:           |
| Make/model and year:                     |                            |                  |
| Policy #:Nature of c                     |                            |                  |
| Driver name and address:                 |                            | Phone #:         |
| Passenger name and address:              |                            |                  |
| Passenger name and address:              |                            | Phone #:         |
|  |                            |                  |
| -  | Driver, Passengers, Pede   |                  |
| Name:                                    |                            |                  |
| Hospital/Ambulance/ Doctor:              |                            |                  |
| Name:                                    | Injury:                    |                  |
| Hospital/Ambulance/ Doctor:              |                            |                  |
|  | Accident Details           |                  |
| Date of accident:Time                    | e: a.m. p.n                | 1.               |
| Exact location of accident or loss:      |                            |                  |
| Reported to police? Yes No Station:      |                            |                  |
| Witness name and address:                |                            | Phone:           |
| Witness name and address:                |                            |                  |
| Details:                                 |                            |                  |
|  |                            |                  |
|  |                            |                  |
|  |                            |                  |
|  |                            |                  |
|  |                            |                  |
| Completed by:                            | Da                         | te:              |

