

Auto Incident Report Form

In the event of an auto incident

Nonprofit / Insured Driver:

Complete all items to the best of your ability, sign and date page 4, and immediately give the form to authorized representative of nonprofit.

Broker:

Please submit Auto Incident Report with Loss ACORD to newclaims@insurancefornonprofits.org.

If a claim needs to be reported after business hours or on the weekend, call (866) 718-1947. This number is reserved for true claims emergencies after business hours and weekends.

Authorized Representative:

Send this auto incident form to newclaims@insurancefornonprofits.org

Driver/Vehicle Information

Name of Driver (first and last)		Driver Age	Driver License No.	State
Driver's Address – Street		City	State	Zip
				Telephone No. ()
Name of Nonprofit / Employer		ANI/NIAC Policy Number		
Nonprofit/Employer Contact Name		Contact Email Address		
Nonprofit / Employer Address – Street		City	State	Zip
				Telephone No. ()
Make of Nonprofit's Vehicle	Body Type	Year	License Plate #	V.I.N. (last four digits)
Damage to Nonprofit's Vehicle:				
Did you take any digital photos?	Is the vehicle equipped with:		IMPORTANT: If you answered yes to any of these questions, be sure to preserve any photos, video and/or equipment data.	
Yes No	Dashboard Camera	Transponder/GPS		
	Yes No	Yes No		

Collision Information

Date of Collision	Day of Week (pick one)	Time of Collision AM PM	Location - Street or Highway & City	
On what street were you driving?			Direction (check one) N S E W	Speed (approx.)
On what street was other vehicle driving?			Direction (check one) N S E W	Speed (approx.)
Police Report? Yes No	If yes, name of reporting officer	Agency	Citation/Report #	
Witness #1 Name (first and last)		Telephone No. ()	Email Address	
Witness #2 Name (first and last)		Telephone No. ()	Email Address	
Witness #3 Name (first and last)		Telephone No. ()	Email Address	

Passenger(s) in Your Vehicle (attach additional pages if needed)

Name (first and last) If employee, check here:	Telephone No. ()	Email Address	Age	Injuries? Yes No
Name (first and last) If employee, check here:	Telephone No. ()	Email Address	Age	Injuries? Yes No
Name (first and last) If employee, check here:	Telephone No. ()	Email Address	Age	Injuries? Yes No
Ambulance called to scene? Yes No	Name of doctor or hospital			

Other Vehicle Involved

Name of Driver (first and last)			Driver License No.	State
Address - Street	City/State/Zip	Telephone No. ()	Email Address	
Name of Vehicle Owner (if different than above)		Telephone No. ()	Email Address	
Name of Insurance Company			Policy #	Telephone No. ()
Year/Make of Vehicle	Body Type	License Plate No.	State	
Damage to Vehicle:				
Passenger's Name (first and last)	Telephone No. ()	Email Address	Age	Injuries? Yes No
Passenger's Name (first and last)	Telephone No. ()	Email Address	Age	Injuries? Yes No

Other Vehicle Involved (if any)

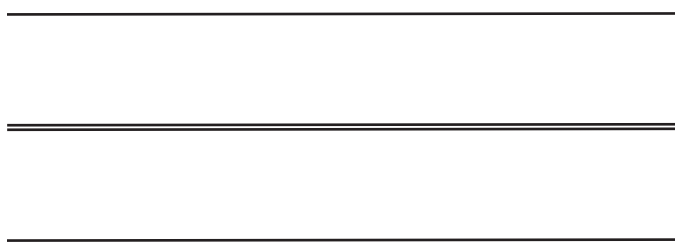
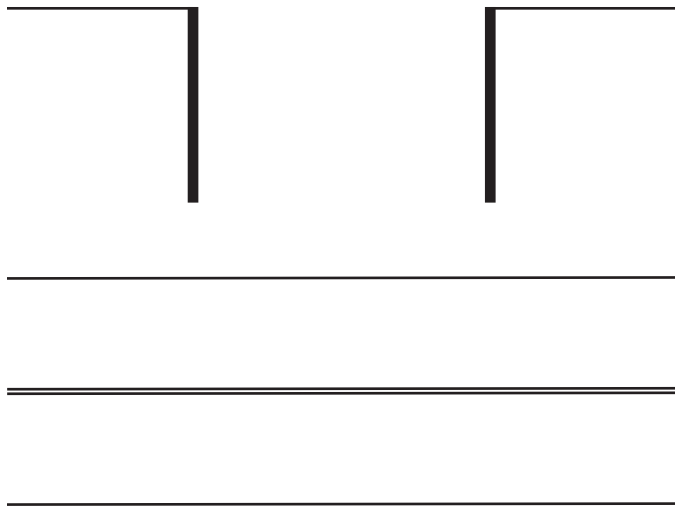
Name of Driver (first and last)			Driver License No.	State
Address - Street	City/State/Zip	Telephone No. ()	Email Address	
Name of Vehicle Owner (if different than above)		Telephone No. ()	Email Address	
Name of Insurance Company			Policy #	Telephone No. ()
Year/Make of Vehicle	Body Type	License Plate No.	State	
Damage to Vehicle:				
Passenger's Name (first and last)	Telephone No. ()	Email Address	Age	Injuries? Yes No
Passenger's Name (first and last)	Telephone No. ()	Email Address	Age	Injuries? Yes No

Description of incident (include weather and road conditions):

Please use the diagrams on page 4 to draw the collision, and/or attach any photos or footage of the incident.

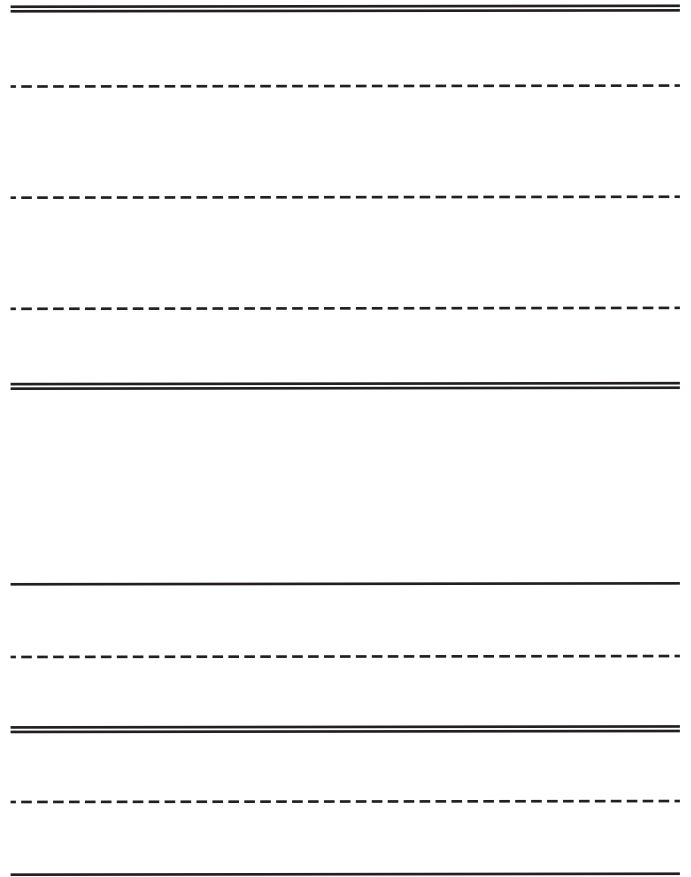
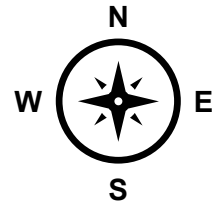
A large area of the page is filled with horizontal dotted lines, providing a space for drawing or attaching evidence related to the incident.

On the diagrams below, please draw the collision.
 (Be sure to include any stop signs or traffic signals.)



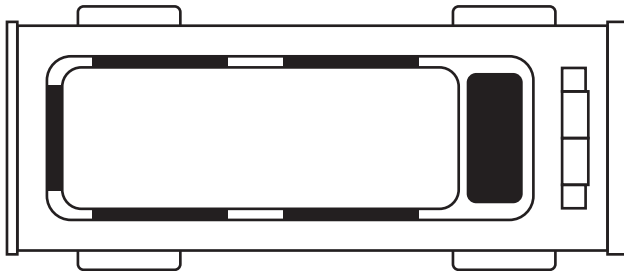
Legend:

- V1** = Your vehicle
- V2** = Other vehicle
- V3** = Other vehicle (if any)

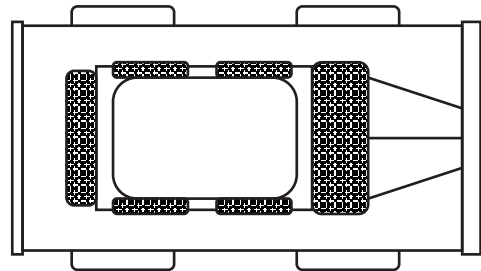


On the overhead diagrams below, please indicate the location of damage to your vehicle, if any.

back ←----- VAN -----> front



back ←----- AUTO -----> front



Signature of driver

Date