



# Auto Claim Accident Report

Fax Completed Report to: Mosinee Insurance Agency at (715) 693-2538

## Accident Record

Employer's Name \_\_\_\_\_ Policy # \_\_\_\_\_  
Date of Loss \_\_\_\_\_ Time \_\_\_\_\_ AM / PM  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Driver's Name \_\_\_\_\_ License # \_\_\_\_\_  
Driver's Birthdate \_\_\_\_\_ Last 4 VIN # \_\_\_\_\_  
Year of Vehicle \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Describe Damage \_\_\_\_\_

Vehicle Drivable?  yes  no      Where can  
Towed?  yes  no      vehicle be seen? \_\_\_\_\_  
Injured?  yes  no      Hospital/Clinic \_\_\_\_\_  
Describe Injuries \_\_\_\_\_

## Accident

Place of accident \_\_\_\_\_  
Describe what happened \_\_\_\_\_

Police Department \_\_\_\_\_ Report Number \_\_\_\_\_  
Any citations issued?  Yes  No      To Whom? \_\_\_\_\_  
List Violation(s) \_\_\_\_\_

## Other Vehicle

Vehicle Owner \_\_\_\_\_ Owners Phone \_\_\_\_\_  
Owners Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_  
License Plate # \_\_\_\_\_ Last 4 VIN # \_\_\_\_\_  
Year of Vehicle \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Driver's Name \_\_\_\_\_ License # \_\_\_\_\_  
Driver's Birthdate \_\_\_\_\_ Drivers Phone \_\_\_\_\_  
Driver's Address \_\_\_\_\_  
Describe Damage \_\_\_\_\_

Vehicle Drivable?  yes  no      Where can  
Towed?  yes  no      vehicle be seen? \_\_\_\_\_  
Injured?  yes  no      Hospital/Clinic \_\_\_\_\_

**Property Damaged – Other than Vehicles (if applicable)**

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Describe Property & Damages \_\_\_\_\_

Location of Property \_\_\_\_\_

**Other Persons Involved or Witnesses**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Located in  Your Vehicle  Other Vehicle  N/A

Involved as  Pedestrian  Passenger  Witness

Injured?  Yes  No Describe Injuries \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Located in  Your Vehicle  Other Vehicle  N/A

Involved as  Pedestrian  Passenger  Witness

Injured?  Yes  No Describe Injuries \_\_\_\_\_