



**CONFIDENTIAL: CLAIM INVESTIGATIVE MATERIALS**

<b>Name / owner</b>	<b>Address</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Property Damage</b>	<b>Kind of property</b>				
<b>Other than Auto</b>	<b>Estimated cost of repair</b>	<b>Where may property be seen?</b>			
<b>Witnesses</b>	<b>Names</b>	<b>Phone num</b>	<b>Street</b>	<b>State</b>	<b>Zip</b>

On what street were you driving? **Direction** **Speed** **Street or road other auto was driving on** **Direction** **Speed**

<b>Did either driver give signal of any kind?</b>	<b>If intersection who entered first?</b>	<b>Who had right of way?</b>
Y	Y	
N	N	

Y **If yes, who?**  
N

**Describe how the accident happened. Include any special details of the collision. Attach additional sheets if needed.**

**Description of**

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**Third Auto**

 **Stop sign**

 **Yield sign**

 **Traffic light**

<b>Type of glass:</b>	Tinted	Clear	Plate	<b>Type of break:</b>	Cracked	Shattered	Bull's eye	Chipped or pitted	Half moon
<b>Location of breakage</b>	Front	Side	Back	<b>Other description</b>					

**Your Auto's Glass Breakage** **Windshield damage: check "Type of glass" and "Type of break", above, and mark location on diagram**

**Do you think a claim will be made against you?** **By whom?**  
Y **Uncertain**  
N  
**Who is your supervisor?**

**Your supervisor's phone number** **Your signature**  
**is your title / position?**

**Your phone number** **Your e-mail address**

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