

11 1000 A  
Automobile Accident Report  
(11 1000 Driver Policy)

**AUTOMOBILE ACCIDENT REPORT**

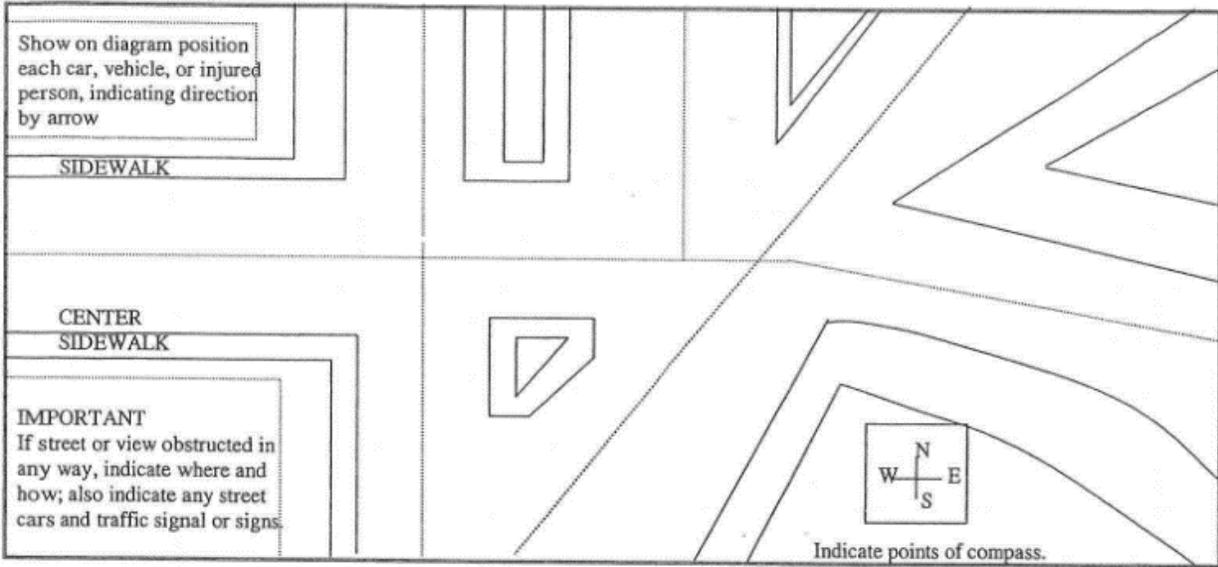
Gordon H. Baver, Inc.  
187 West 8th Street, Pennsburg, PA 18073

<b>GHB Insured Auto and Driver</b>	Year: _____ Make: _____ Model: _____ Tag: _____ Driver: _____ Age: _____ Purpose of Use at Time of Accident: _____ Amount of Damage to Vehicle: _____
------------------------------------	--

<b>Time and Place</b>	Date of Accident or Loss: _____ Hour: _____ Location of Accident: _____ Police Authority Investigating: _____
-----------------------	---

<b>Other Damage To Property of Others</b>	Owner of Property Damage: _____ Address: _____ Driver of Other Vehicle: _____ Address: _____ Driver's License No.: _____ If Automobile, Year: _____ Make: _____ Model: _____ Tag: _____ Kind of Property and Extent of Damage: _____ Insurance Carrier: _____ Policy #: _____
---	---

<b>Persons Injured</b>	Name: _____ Address: _____ Phone #: _____ 1. _____ 2. _____ 3. _____ 4. _____ Nature and extent of injuries: 1. _____ 2. _____ 3. _____ 4. _____ Where was injured person taken: _____ By whom: _____
------------------------	---



Explain fully how accident occurred:

Name of Witnesses	Address	Phone	State where witness was at time of accident

\_\_\_\_\_

Date

\_\_\_\_\_

Name of Person Filing Report

\_\_\_\_\_

Name of Person Taking Report

\_\_\_\_\_

Telephone Number of Caller