

12 1000 B  
**Automobile Accident Report**  
(12 1000 Accident Investigation Procedures)

**AUTOMOBILE ACCIDENT REPORT**

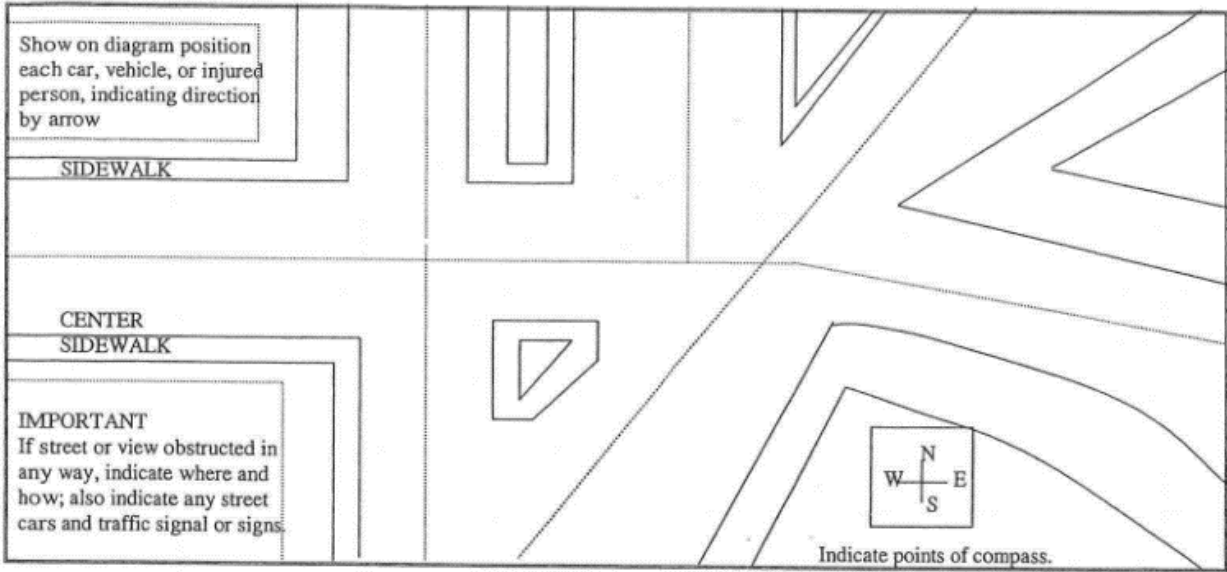
Gordon H. Baver, Inc.  
187 West 8th Street, Pennsburg, PA 18073

GHB Insured Auto and Driver	Year: _____ Make: _____ Model: _____ Tag: _____ Driver: _____ Age: _____ Purpose of Use at Time of Accident: _____ Amount of Damage to Vehicle: _____
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Time and Place	Date of Accident or Loss: _____ Hour: _____ Location of Accident: _____ Police Authority Investigating: _____
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Other Damage To Property of Others	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 #: _____
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Persons Injured	Name: _____ Address: _____ Phone #: _____ 1. _____ 2. _____ 3. _____ 4. _____ Nature and extent of injuries: 1. _____ 2. _____ 3. _____ 4. _____ Where was injured person taken: _____ By whom: _____
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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