

CONFIDENTIAL: CLAIM INVESTIGATIVE MATERIALS

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

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


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

Y If yes, who? **Who had right of way?**

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

Description of

Third Auto

 **Stop sign**

 **Yield sign**

 **Traffic light**

Type of glass:	Tinted	Clear	Plate	Type of break:	Cracked	Shattered	Bull's eye	Chipped or pitted	Half moon
Location of breakage:	Top	Bottom	Center	Other					

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

Who is your supervisor?

Your supervisor's phone number **Your signature**

is your title / position? **Date**

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