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ACCIDENT REPORT FORM

Complete both sides of this form to gather information at the accident scene that is required to document this accident. Make sure you document the other driver's information as well as list any passengers of the vehicles and witnesses to the accident. Submit the completed form to the individual in your center who is responsible for monitoring and reporting accidents to the Fund. If you have any questions or need assistance, contact the Fund during regular business hours (8AM to 5PM, Monday through Friday) at 1-800-580-6467.

					IBER INFORMATI				
Member N	lame:				Contact Pers	son:			
				C	Contact Phone Num	ber:			
	(K	Ceep this	s form in y	our glov	ve box and use it in	case you	have an accide	ent.)	
				Ac	CIDENT INFORMATIO	N:			
DATE OF LO	DSS (MM/DD/YY:)	TIME	E OF LOSS		LOCATION OF ACC	IDENT (Inc	lude City and St	ate):	
	NTACTED:	OFFICE	R'S NAME	PM :			POLICE R	EPORT	T NUMBER:
Yes	No								
DESCRIPTIC	ON OF ACCIDENT:	Were you	ticketed?		No If yes, what		ket for <u>?</u>		
				DESC	CRIBE WHAT HAPPEN	IED:			
			. .						
YEAR:	MAKE:		MODEL:				ON NUMBER (V	IN):	LICENSE PLATE #:
YEAR: DRIVER'S N			MODEL:	I		ENTIFICATI	-	-	LICENSE PLATE #: NUMBER & STATE:
DRIVER'S N			MODEL:	DATE	VEHICLE IDE	ENTIFICATI	-	ENSE	
DRIVER'S N	AME:		MODEL:	DATE	OF BIRTH (MM/DD/Y)	ENTIFICATI	DRIVER'S LIC	ENSEI	
DRIVER'S N	AME:		MODEL:	DATE	OF BIRTH (MM/DD/Y) ER'S WORK PHONE:	ENTIFICATI	DRIVER'S LIC DRIVER HIRED: LICENSE EXPIR	ENSE I	
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		NJURED INDI	VIDUALS:	
NAMES AND ADDR	ESS: PHONE(S):	AGE:	LOCATION:	EXTENT OF INJURY:
	Home:		Pedestrian	Describe:
	Work:		Insured Vehicle	
			Other Vehicle	Initial Treatment:
	Home:		Dedectrier	Describe:
			Pedestrian	
	Work:		Insured Vehicle	
			Other Vehicle	Initial Treatment:
	Home:		Pedestrian	Describe:
	Montre		Insured Vehicle	
	Work:		Other Vehicle	Initial Treatment:
	WITN	ESSES OR P	ASSENGERS:	
NAMES AND ADDR	ESS: PHONE(S):		LOCATION:	DETAILS:
	Home:		Pedestrian	
			Insured Vehicle	
	Work:		Other Vehicle	
	Home:		Pedestrian	
			Insured Vehicle	
	Work:		Other Vehicle	
				Involved With:
Weather:	Surface:		Type: Head On	
Clear	Dry Wet		Side Swipe	Moving Vehicle Parked Vehicle
Cloudy			Rear End	Pedestrian
Rain/Snow	Snow/Ice		Side Impact	Bike/Cycle
Fog			Side impact	Animal
				Fixed Object
Completed by:				Date:

Toll-Free Number for Automobile Claims 1-800-580-6467

Complete this form and return to <a>5856TCRMF@sedgwick.com