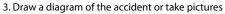
- 1. Contact the Police and Ambulance if necessary
- 2. Obtain names, addresses, phone numbers, and insurance information of other parties





Fax: 412-325-1657

Automobile Claim Report

Date of Accident	Date Reported
Insured Name	
Address/Location/Intersection of Accident	
Description of L	oss
Insured Vehicle	
Year	Make Model
Description of Damage	
Current Location o	f Vehicle
Full Name of Drive	r
Other Vehicle	
Year	Make Model
Description of Damage	
Current Location o	fVehicle
Full Name of Drive	r
Insurance Compan	y Name Policy No.
Was Anybody Injured?	
Name of injured party Phone No.	
Ware there any witnesses?	
Name of Witness Phone No.	