Driver's Accident Report



Reporting Instructions

- Report all collisions promptly, especially those involving serious injury or death
- Carefully examine all damage to vehicles and property

7 - 7 -			Company	Name Western Allied C	orporation			
Policy Number				Phone Number: <u>562-944-6341</u>				
			Lic. Plate N	lo				
Model_		Yr.	VIN #					
		Tim	e	AM	□ PM			
lce 🗅 Snow We	eather		Vis	ibility				
☐ No Officer	Name and Ba	idge #						
□ No To Who	om?							
State	Zip		_Phone Number _	Driver's Lic. No				
			_Lic. Plate No	Make o	f Vehicle			
Model	Yr.	VIN #		Owner_				
Insurance Com	pany		Vehicle	SpeedDirection	n: 🗆 N 🗆 E 💷 S 🖵 W			
			Address					
			_t1P	riione Rumber				
			_Address					
			Address					
			_Addi					
				Phone Nur Lic. PlateN No VIN # Time Dice Snow Weather	Phone Number: 562-944-6341 Lic. Plate No.			

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Property Damage Other Than Vehicles			B. Commission	
Troperty burnings other man vehicles	barrian jang meneralah dari			
Owner	Addres	ss		
	State_	Zip	Phone Number	
What was damaged				
ocation of property				
List All Persons Involved				
The second secon		Addison		
lame				
ity I Your vehicle				
	,			
lame		Address		
iity				
Your vehicle	Injured?	☐ No ☐ Yes, Describe _		
lame		Address		
Your vehicle Other vehicle Pedestrian	Injured?	☐ No ☐ Yes, Describe	5 - 15	
	1 1	Describe What H	appened	
	1			
	1			
المستناكيين المستحديد	1			
	1	-		
/ Indi	cate North			
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	- "D"			
Diagram your vehicle "A" Other vehicle	e B	Driver's Signature_		

Upon completion of this form, contact your supervisor and send a copy to your supervisor and Human Resource

- Western Allied Corporation 562-944-6341
- Human Resource Shelli Ritto -hr@wasocal.com

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	Name or number	of street or highway	C ACCIDENT E	T	City or		County		SI
ON	Names of Intersecting	roads or distance from landm	Brk	IN	Hour	Day of week	Date	Month	20
AT Driver-print full nar	ne		Address			City & State		Phone	
Owner—print full na	me		Address			City & State		Phone	
Driver's Ligense Nu	inber	State	Birthdate		Month Date Y	ear Insurance Con	npany		
Vehicle Make	License Number	State	Year	C	olor	Agent Name &	Address		
Parts of vehicle dan	naged					Agent's Phone	No.		-
		TRAFFI	C ACCIDENT EX	CHA	NGE INF	ORMATION			
	Name or number of street or highway			T	City or		County		8
ON	Names of Intersection	roads or distance from landm	ark	IN	Hour	Day of week	Date	Month	T
AT							Phone	50	
Driver-print full na	ne		Address			City & State			
Owner-print full ne	ımə		Address			City & State		Phone	
Driver's License Nu	mper	State	Birthdate	1	Month Dale Y	fear Insurance Cor	npany		
Vehicle Make	License Number	State	Year	Color Agent Name & Address					
Parts of vehicle dar	naged					Agent's Phone	No.		
		TRAFFI	C ACCIDENT E	(CH/	ANGE INF	ORMATION			
	Name or numba	r of street or highway			City or		County		5
ON	Names of Intersecting	roads or distance from landm	ark	IN	Hour	Day of week	Date	Month	
	AT Diver- odel till name At		Address			City & State		Phone	20
	me								
Driverprint full na						City & Piala		Phone	
			Address			City & State		Phone	
Driverprint full na	ımə	State	Address		Month Date 1		mpany	Phone	