



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

Your Vehicle

Driver's Name _____ Company Name **Western Allied Corporation**
Policy Number _____ Phone Number: **562-944-6341**
Driver's Lic. No. _____ Lic. Plate No. _____
Make of Vehicle _____ Model _____ Yr. _____ VIN # _____
Date _____ Time _____ ☐ AM ☐ PM
Where did Accident Occur _____

Conditions

Pavement ☐ Dry ☐ Wet ☐ Ice ☐ Snow Weather _____ Visibility _____
Traffic Control ☐ Lights ☐ Signs ☐ None
Police Investigation ☐ Yes ☐ No Officer Name and Badge # _____
Report # _____
Summons Issued ☐ Yes ☐ No To Whom? _____

Other Vehicle

Driver's Information

Driver's Name _____ Address _____ City _____
State _____ Zip _____ Phone Number _____ Driver's Lic. No. _____
Lic. Plate No. _____ Make of Vehicle _____
Model _____ Yr. _____ VIN # _____ Owner _____
Insurance Company _____ Vehicle Speed _____ Direction: ☐ N ☐ E ☐ S ☐ W

Witnesses

Name _____ Address _____
City _____ State _____ Zip _____ Phone Number _____
Name _____ Address _____
City _____ State _____ Zip _____ Phone Number _____
Name _____ Address _____
City _____ State _____ Zip _____ Phone Number _____

Property Damage Other Than Vehicles

Owner _____ Address _____

City _____ State _____ Zip _____ Phone Number _____

What was damaged _____

Location of property _____

List All Persons Involved

Name _____ Address _____

City _____ State _____ Zip _____ Phone Number _____

☐ Your vehicle ☐ Other vehicle ☐ Pedestrian Injured? ☐ No ☐ Yes, Describe _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone Number _____

☐ Your vehicle ☐ Other vehicle ☐ Pedestrian Injured? ☐ No ☐ Yes, Describe _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone Number _____

☐ Your vehicle ☐ Other vehicle ☐ Pedestrian Injured? ☐ No ☐ Yes, Describe _____

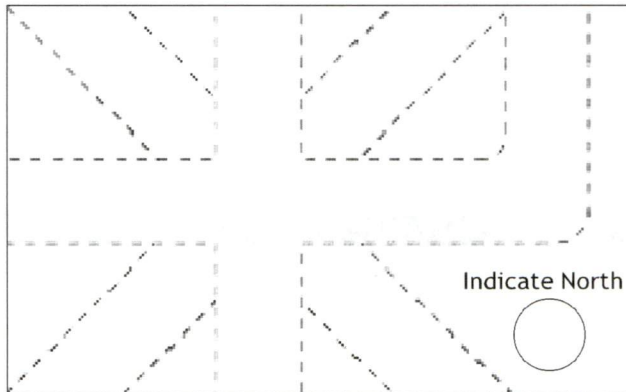


Diagram your vehicle "A" Other vehicle "B"

Describe What Happened

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

TRAFFIC ACCIDENT EXCHANGE INFORMATION

Name or number of street or highway				City or town		County		State	
ON				IN					
Names of intersecting roads or distance from landmark				Hour	Day of week	Date	Month	20	
AT									
Driver—print full name			Address			City & State		Phone	
Owner—print full name			Address			City & State		Phone	
Driver's License Number		State	Birthdate		Month	Date	Year	Insurance Company	
Vehicle Make	License Number	State	Year	Color		Agent Name & Address			
Parts of vehicle damaged						Agent's Phone No.			

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