

# GREAT AMERICAN INSURANCE CO.

## AUTO ACCIDENT REPORT - Commercial Vehicles

IF AN ACCIDENT INVOLVES

- |                             |                              |
|-----------------------------|------------------------------|
| 1. ANOTHER OCCUPIED VEHICLE | 3. ANY PERSONAL INJURY       |
| 2. A PEDESTRIAN             | 4. EXTENSIVE PROPERTY DAMAGE |

### POLICYHOLDER

|                   |               |               |          |
|-------------------|---------------|---------------|----------|
| Policyholder Name | Location Code | Policy Number | Phone    |
| Business Address  | City          | State         | Zip Code |

### POLICYHOLDER VEHICLE

|                           |             |                         |
|---------------------------|-------------|-------------------------|
| Vehicle Year, Make, Model | Vehicle VIN | License Plate No./State |
| Trailer Year, Make, Model | Trailer VIN | License Plate No./State |

Description of Damage to Vehicle

### DATE, TIME, AND PLACE

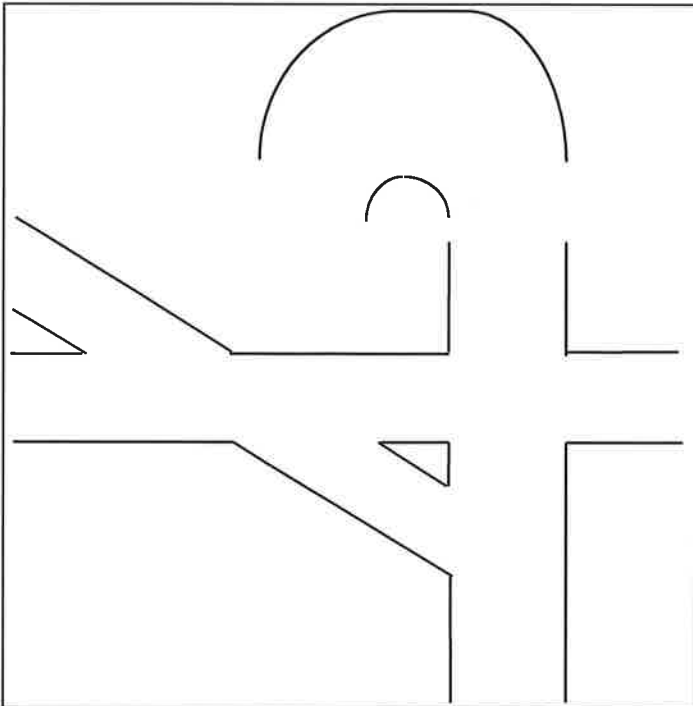
|                  |      |  |
|------------------|------|--|
| Date of Accident | Time | Exact Location of Accident or Loss (Include cross-streets, mile-markers, etc ) |
|------------------|------|--|

### DRIVER OF POLICYHOLDER VEHICLE

|   |     |               |                        |            |
|---|-----|---------------|------------------------|------------|
| Driver's Name and Address, City, State, Zip |     |               |                        | Phone:     |
| Driver's License No./ State                 | Sex | Date of Birth | Social Security Number | Work Phone |

### ACCIDENT INFORMATION

Driver's Description of Accident-  
no injuries

|   |  |                 |
|---|--|-----------------|
|  | Was Police Dept. Involved? <input type="checkbox"/>                        | Department Name |
|   | Citations Issued? <input type="checkbox"/> YES <input type="checkbox"/> NO | To Whom         |
|   | Witness Name   |                 |
|   | Witness Address  |                 |
|   | Phone  |                 |
|   | Additional comments  |                 |
|   | <b>Contact:</b>  |                 |
|   |  |                 |
|   |  |                 |
|   |  |                 |

Illustrate How Accident Occurred (Label Vehicles and Street Names)

**OTHER VEHICLES INVOLVED (Not Policyholder Vehicle)**

| VEHICLE 1   |     |                        |  | VEHICLE 2   |     |                        |  |
|---|-----|------------------------|--|---|-----|------------------------|--|
| Owner Name  |     |                        | Sex  | Owner Name  |     |                        | Sex  |
| Owner Address, City, State, Zip   |     |                        |  | Owner Address, City, State, Zip   |     |                        |  |
| Home Phone  |     | Business Phone         |  | Home Phone  |     | Business Phone         |  |
| D.O.B.  | Age | Social Security Number |  | D.O.B.  | Age | Social Security Number |  |
| Vehicle Year, Make, Model   |     |                        | License Plate / State  | Vehicle Year, Make, Model   |     |                        | License Plate / State  |
| Trailer Year, Make, Model   |     |                        | License Plate / State  | Trailer Year, Make, Model   |     |                        | License Plate / State  |
| Vehicle VIN   |     |                        | Trailer VIN  | Vehicle VIN   |     |                        | Trailer VIN  |
| Insurance Company   |     |                        | Policy Number  | Insurance Company   |     |                        | Policy Number  |
| Insurance Company Phone No. / Agent Name  |     |                        |  | Insurance Company Phone No. / Agent Name  |     |                        |  |
| Operator Name   |     |                        | Sex  | Operator Name   |     |                        | Sex  |
| Operator Address, City, State, Zip  |     |                        |  | Operator Address, City, State, Zip  |     |                        |  |
| Home Phone  |     | Business Phone         |  | Home Phone  |     | Business Phone         |  |
| Driver's License No./State  |     |                        |  | Driver's License No./State  |     |                        |  |
| D.O.B.  | Age | Social Security Number |  | D.O.B.  | Age | Social Security Number |  |
| Passenger Name  |     |                        | Injured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Passenger Name  |     |                        | Injured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Passenger Name  |     |                        | Injured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Passenger Name  |     |                        | Injured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Was Vehicle Parked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |     |                        |  | Was Vehicle Parked? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |     |                        |  |
| Description of Damage to Vehicle  |     |                        |  | Description of Damage to Vehicle  |     |                        |  |
| Any Damage to Property Other than Vehicles? (i.e.: building, fence sign, etc.)          |     |                        |  | Any Damage to Property Other than Vehicles? (i.e.: building, fence sign, etc.)          |     |                        |  |
| Property Owner Name   |     |                        |  | Property Owner Name   |     |                        |  |
| Property Owner Address, City, State, Zip  |     |                        |  | Property Owner Address, City, State, Zip  |     |                        |  |
| Description of Damage to Property   |     |                        |  | Description of Damage to Property   |     |                        |  |
|   |     |                        |  |   |     |                        |  |
|   |     |                        |  |   |     |                        |  |