MOTOR VEHICLE INCIDENT REPORT

BERKLEY TECHNOLOGY UNDERWRITERS
a W. R. Berkley Company

Driver Name:	Company Name:
Is scene secured and properly protected against further injury or damage? ☐ Yes ☐ No	
Have the police been called? ☐ Yes ☐ No	Has the insurance company been called? ☐ Yes ☐ No

INFORMATION FOR VEHICLES/DRIVERS INVOLVED IN THE INCIDENT

Vehicle/Driver #1			
Name:		Phone:	
Address:			
Driver's License#:	License Plate #:	State:	
Vehicle Make	Model:	Year:	Color:
Name of Insurance Carrier:		Policy #:	
Summarize Damage to Vehicle:			
Is this driver injured? ☐ Yes ☐ No			
If yes, provide details of injuries:			

Vehicle/Driver #2			
Name:		Phone:	
Address:			
Driver's License#:	License Plate #:	State:	
Vehicle Make	Model:	Year:	Color:
Name of Insurance Carrier:		Policy #:	
Summarize Damage to Vehicle:			
Is this driver injured? ☐ Yes ☐ No			
If yes, provide details of injuries:			

Vehicle/Driver #3			
Name:		Phone:	
Address:			
Driver's License#:	License Plate #:	State:	
Vehicle Make	Model:	Year:	Color:
Name of Insurance Carrier:		Policy #:	
Summarize Damage to Vehicle:			
Is this driver injured? ☐ Yes ☐ No			
If yes, provide details of injuries:			

INFORMATION FOR ALL OTHER PARTIES INVOLVED IN THE INCIDENT

Passenger? ☐ Yes ☐ No	If Yes, in which vehicle #?
Name:	Phone:
Address:	
Is this person injured? ☐ Yes ☐ No	
If yes, provide details of injuries:	

Passenger? ☐ Yes ☐ No	If Yes, in which vehicle #?	
Name:		Phone:
Address:		
Is this person injured? ☐ Yes ☐ No		
If yes, provide details of injuries:		

Passenger? ☐ Yes ☐ No	If Yes, in which vehicle #?	
Name:		Phone:
Address:		
Is this person injured? ☐ Yes ☐ No		
If yes, provide details of injuries:		

Passenger? ☐ Yes ☐ No	If Yes, in which vehicle #?	
Name:		Phone:
Address:		
Is this person injured? ☐ Yes ☐ No		
If yes, provide details of injuries:		

WITNESSES

Name	Phone	Address

DESCRIPTION/DETAILS OF INCIDENT

Date:	Time: ☐ A.M. ☐ P.M.
Location (intersection/milepost):	
Condition of road surface (wet, smooth, rough, icy, dry, etc.):	
Weather conditions (clear, cloudy, sunny, raining, snowing, sleeting, etc.):	

Incident Description (provide a detailed narrative of the incident):
(Note – refer to vehicles by number and utilize compass directions)

Sketch/Diagram of the Incident
(include compass direction and refer to vehicles by number)