



**FOLLOW THESE STEPS IF YOU ARE IN AN ACCIDENT**

1. **DON'T COMMENT** Do not make statements concerning the assumption of liability.
2. **AID INJURED** Call 911 if necessary. Do not move injured individuals unless absolutely necessary.

3. **TAKE PHOTOS** Scene, vehicles, driver's licenses, insurance cards, etc. (attach photos).
4. **CALL THE POLICE** Give exact location and advise if medical help is needed.

**DRIVER'S REPORT**

DATE\* \_\_\_\_\_ TIME\* \_\_\_\_\_  AM  PM

LOCATION OF ACCIDENT \_\_\_\_\_

NAME OF EMPLOYER / INSURED\* \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE \_\_\_\_\_ PHONE \_\_\_\_\_

DRIVER'S NAME\* \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

VEHICLE\*: YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN # \_\_\_\_\_

LICENSE # \_\_\_\_\_

DAMAGE TO YOUR VEHICLE (PLEASE MENTION IF PHOTOS ARE SENT) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER DRIVERS AND VEHICLE(S) INVOLVED**

REGISTERED OWNER \_\_\_\_\_

DRIVER'S NAME\* \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

VEHICLE: YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

LICENSE # \_\_\_\_\_

INSURANCE CO. / PHONE / POLICY #\* \_\_\_\_\_

DAMAGE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF ACCIDENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLAIM INSTRUCTIONS**

1. Immediately after any accident, you must submit this report to [ClaimsAdmin@psfinc.com](mailto:ClaimsAdmin@psfinc.com) and to your employer.
2. Give other driver(s) your name, address, company's name & address, phone number, license #, and operator's license #.
3. Carefully examine the other vehicle(s) for damage.

4. Use your camera phone to take pictures of the scene. Send photos to [ClaimsAdmins@psfinc.com](mailto:ClaimsAdmins@psfinc.com) with your name and company.
5. Discuss accident with your employer, police and your insurance company representatives or PS&F staff.
6. Telephone your office at once in case of serious accident.

**\* REQUIRED**



# PARKER | SMITH | FEEK AUTOMOBILE INCIDENT REPORT



CLAIMS ASSISTANCE: (425) 709-3600 TOLL FREE: 1-800-457-0220 EMAIL: CLAIMSADMINS@PSFINC.COM

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### PERSON(S) INJURED

NAME\* \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE \_\_\_\_\_ PHONE\* \_\_\_\_\_

EMAIL \_\_\_\_\_

EXTENT OF INJURY \_\_\_\_\_

INSURED VEHICLE     OTHER VEHICLE     PEDESTRIAN

NAME\* \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE \_\_\_\_\_ PHONE\* \_\_\_\_\_

EMAIL \_\_\_\_\_

EXTENT OF INJURY \_\_\_\_\_

INSURED VEHICLE     OTHER VEHICLE     PEDESTRIAN

WHERE TAKEN AFTER ACCIDENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### WITNESS(ES)

NAME\* \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE \_\_\_\_\_ PHONE\* \_\_\_\_\_

EMAIL \_\_\_\_\_

NAME\* \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY / STATE \_\_\_\_\_ PHONE\* \_\_\_\_\_

EMAIL \_\_\_\_\_

### POLICE

NAME OF OFFICER \_\_\_\_\_

JURISDICTION (DEPT / SHERIFF / STATE PATROL / ETC.) \_\_\_\_\_

CASE # \_\_\_\_\_ BADGE # \_\_\_\_\_

PHONE \_\_\_\_\_

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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