

**Church Mutual Insurance Company**

3000 Schuster Lane, P.O. Box 342, Merrill, WI 54452-0342

(715) 536-5577 • (800) 554-2642 • Fax (715) 539-4651

www.churchmutual.com

**AUTOMOBILE ACCIDENT REPORT**

*Please furnish the following information for prompt handling of your claim.*

*You may call this information in to our office or you may fax or mail this form to us.*

**CLAIM INFORMATION**

Date Reported \_\_\_\_\_

Reported by: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Account No. \_\_\_\_\_ Policy No. \_\_\_\_\_ Effective Date \_\_\_\_\_

Date of Loss \_\_\_\_\_ Time of Loss \_\_\_\_\_  a.m.  p.m.

Insured's Name (as it appears on policy) \_\_\_\_\_

Address 1 (Street) \_\_\_\_\_

Address 2 (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ACCIDENT INFORMATION**

Location of Accident (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Police Dept. reported to \_\_\_\_\_ Officer's Name/Badge No. \_\_\_\_\_

Report No. \_\_\_\_\_ Violation issued \_\_\_\_\_

Description of Accident - Describe fully - Detail on provided diagram

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WITNESSES**

It is critical to give full name and address of every person who knows anything about the accident.

Name \_\_\_\_\_ Phone No.: Home \_\_\_\_\_ Work \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No.: Home \_\_\_\_\_ Work \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No.: Home \_\_\_\_\_ Work \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone No.: Home \_\_\_\_\_ Work \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## INSURED'S VEHICLE AND DRIVER INFORMATION

Vehicle Serial No. \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle No. on policy \_\_\_\_\_ License Plate No. \_\_\_\_\_ State of Issue \_\_\_\_\_

Are you insured with any other insurance company?  No  Yes If yes, what company? \_\_\_\_\_

Name of Driver \_\_\_\_\_ Phone No.: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Relation to insured (employee, volunteer, family, etc.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Purpose of Use \_\_\_\_\_ Used with Permission  No  Yes

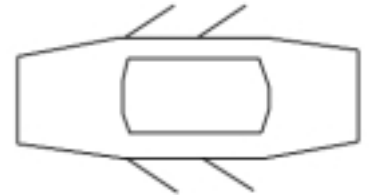
Describe damage to insured vehicle \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Repair Estimate \_\_\_\_\_ Where can vehicle be seen? \_\_\_\_\_ When? \_\_\_\_\_

## PASSENGERS IN INSURED VEHICLE (USE ADDITIONAL PAPER IF NECESSARY)

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone No. \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Injuries \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone No. \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Injuries \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone No. \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Injuries \_\_\_\_\_

## PROPERTY DAMAGE TO OTHERS

Owner of Property/Vehicle \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Driver \_\_\_\_\_ Phone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

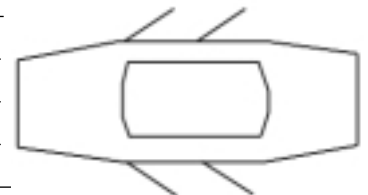
Describe damage to insured vehicle \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PROPERTY DAMAGE TO OTHERS (CONTINUED)**

Other vehicle or property insured?  No  Yes If yes, state company or agency name, phone no., and policy no. \_\_\_\_\_

Repair Estimate \_\_\_\_\_ Where can vehicle be seen? \_\_\_\_\_ When? \_\_\_\_\_

**PASSENGERS IN OTHER VEHICLE (USE ADDITIONAL PAPER IF NECESSARY)**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone No. \_\_\_\_\_ Work \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Injuries \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone No. \_\_\_\_\_ Work \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Injuries \_\_\_\_\_

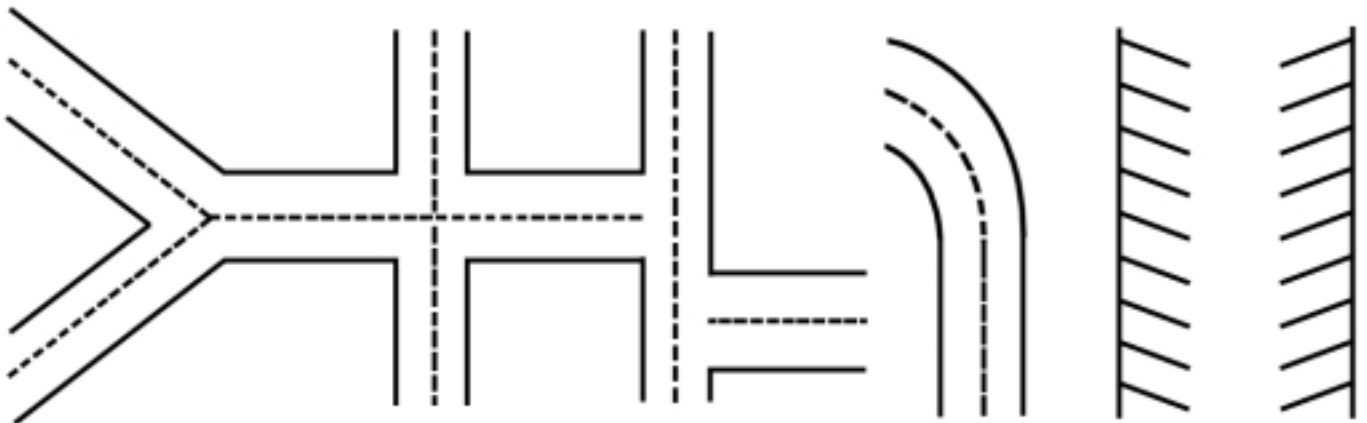
Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone No. \_\_\_\_\_ Work \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Injuries \_\_\_\_\_

SHOW CARS AS  
YOU OTHER



LABEL EACH STREET SHOW STOP OR SLOW SIGNS

INDICATE DIRECTIONS +



**STATE - SPECIFIC FRAUD WARNING STATEMENTS FOR  
CLAIM FORMS - AUTOMOBILE  
(PLEASE READ CAREFULLY)**

- Arizona** "For your protection, Arizona law requires the following statement to appear on this form:  
Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- California** "For your protection California law requires the following to appear on this form:  
Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."
- Colorado** "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."
- Florida** "Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree."
- Maine** "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits."
- New Jersey** "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- New York** "Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles, or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty but not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation."
- Pennsylvania** "Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or missing information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000."

**Alaska, Arkansas, Delaware, District of Columbia, Idaho, Indiana, Kentucky, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, and Virginia**

"For your protection, these states require the following wording on this form:  
Any person who knowingly and with intent to defraud an insurer files a statement of claim containing false, inflated, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud and may be subject to civil fines, criminal penalties, and denial of insurance benefits."

**Applicable in All States**

For your protection, review your policy for an explanation of the insured's duties in the event of a loss. Failure to comply with these duties may void your policy.

Name (print) \_\_\_\_\_  
Phone: Home ( \_\_\_\_\_ ) Work ( \_\_\_\_\_ )  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_