POLICYHOLDER INFORMATION OTHER VEHICLE Insurance Name:Address:	AUTHORITY CONTACTED Name:			PROPERTY DAMAGE / OTHER VEHICLE Description of Property:			
Phone: ()	Report #:						
Policy #: Effective Date: Expiration Date:	INSURED VEHICLE VIN:						
ACCIDENT /LOSS Date and Time of Accident:	Plate #: State:	Make: Model: Driver's					
/ / DAM DPM	Driver's Lic. #: UTSA Vehicle Number:			Owner's Name & Address, if Different Than Driver:			
Location of Accident:	Address:	·					 -
City State Zip Code Description of Accident:	Phone: () Description of Damage:			Description of Damage:			
	Description of Injuries:			Description of Injuries: ————————————————————————————————————			
	INJURED Was anyone tal	ken to a hospital by an ambul	ance? 🗆 Yes 🗆 N	0			
	Name	Address	Phone	Pedestrian	Insured Vehicle	Other Vehicle	Extent of Injuries
CONDITIONS							
WEATHER:	WITNESSES, I	NCLUDING PASSENGERS		I		<u> </u>	
□ Clear □ Cloudy □ Fog □ Rain □ Sleet □ Snow □ Other	Name	Address	Phone	Insured Vehicle	Other Vehicle		
Speed Limit: Length of Skid Marks:							
Your Vehicle:							