

STATEMENT OF DRIVER

CLAIM NUMBER
POLICY NUMBER

DRIVER'S NAME		OWNER'S NAME	
DRIVER'S ADDRESS		PHONE NUMBER	AGE
YEAR AND MAKE OF CAR YOU WERE DRIVING		LICENSE NUMBER	
DRIVER'S LICENSE NUMBER	EMPLOYER'S NAME AND ADDRESS		
WHAT WAS CAR BEING USED FOR AT TIME OF ACCIDENT?			
LOCATION OF ACCIDENT (STREET AND CITY)		DATE AND HOUR	
SPEED YOU WERE TRAVELING?	ON WHAT STREET?	IN WHAT DIRECTION?	
SPEED OTHER CAR WAS TRAVELING?	ON WHAT STREET?	IN WHAT DIRECTION?	
DESCRIBE CONDITION OF WEATHER		ROAD?	VISIBILITY?
HOW FAR AWAY WAS OTHER CAR WHEN FIRST NOTICED?	HOW MANY PEOPLE WERE IN YOUR CAR?		IN OTHER CAR?
DISTANCE FROM YOUR CAR TO RIGHT HAND EDGE OF ROAD?		OTHER CAR?	
EXACT POINT OF CONTACT OF YOUR CAR WITH OTHER CAR?			
EXACT POINT OF CONTACT OF OTHER CAR WITH YOUR CAR?			
WHAT AUTHORITIES WERE NOTIFIED OF ACCIDENT?		DATE AND HOUR	
DID YOU VIOLATE ANY TRAFFIC LAWS?		DID OTHER DRIVER?	
WHERE ANY CHARGES MADE?	AGAINST WHOM?	HAS YOUR OPERATOR'S LICENSE BEEN SUSPENDED?	HAS OTHER DRIVER'S?
IF FAULTY CONDITION OF EITHER CAR CAUSED ACCIDENT, EXPLAIN:			
NAME OF OWNER OF OTHER CAR OR PROPERTY		ADDRESS AND OCCUPATION	
NAME OF DRIVER OF OTHER CAR	ADDRESS AND OCCUPATION	PHONE NUMBER	AGE
OTHER OPERATOR'S LICENSE NUMBER	YEAR AND MAKE OF OTHER CAR	ESTIMATED DAMAGE TO OTHER CAR	LICENSE NUMBER
NAME OF COMPANY INSURING OTHER PARTIES AGAINST PROPERTY DAMAGE			

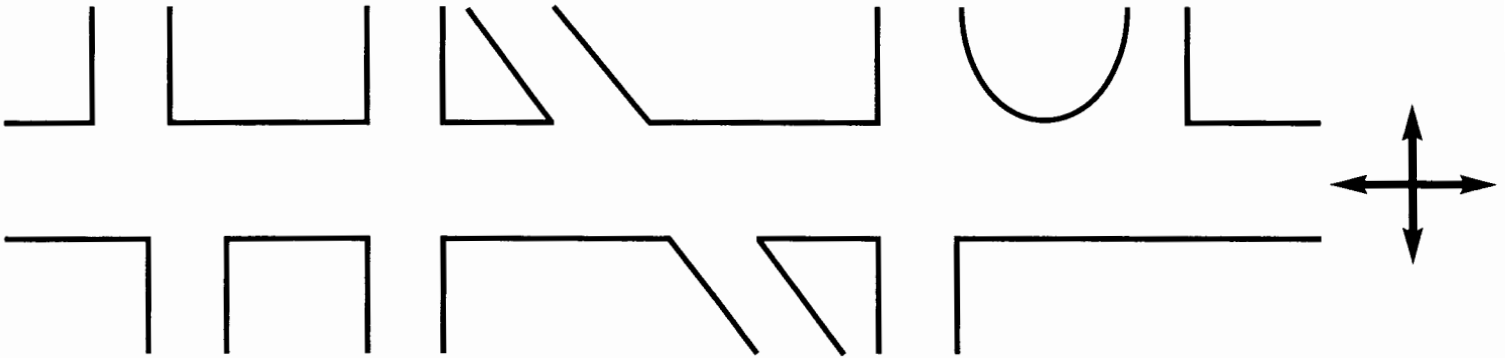
NAMES OF DISINTERESTED WITNESSES	ADDRESSES	PHONE NUMBERS

WERE PERSONAL INJURIES SUSTAINED BY ANY PERSON(S)?

IF SO, EXPLAIN IN DETAIL

NAME OF OCCUPANTS OF INSURED'S CAR	ADDRESSES	PHONE NUMBER

PLEASE INDICATE NAMES OF STREETS, THE DIRECTIONS AND COURSE OF EACH VEHICLE: ALSO THEIR POSITIONS AT TIME OF IMPACT.



PLEASE DESCRIBE THE ACCIDENT IN DETAIL. STATING WHO IN YOUR OPINION WAS TO BLAME AND WHY. COMMENT UPON ANY STATEMENTS MADE BY YOURSELF OR OTHERS AT THE SCENE OF THE ACCIDENT:

DATE	SIGNATURE OF DRIVER
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••••• WARNING •••••

Applicable only in California: California law requires that the following appear on this form—(a) It is unlawful to: (1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss under this contract of insurance. False representations made on this form subjects the insured, who is also the person who has completed this form, to a penalty of perjury.