

CONFIDENTIAL: CLAIM INVESTIGATIVE MATERIALS

Name / owner	Address	Street	City	State	Zip Code
Property	Kind of property				
Damage	Estimated cost of repair				
Other than Auto	Where may property be seen?				
Witnesses	Names	Phone num	Street	State	Zip

On what street were you driving? **Direction** **Speed** **Street or road other auto was driving on** **Direction** **Speed**

Did either driver give signal of any kind?	If intersection who entered first?	Who had right of way?
Y	Y	
N	N	

Describe how the accident happened. Include any special details of the collision. Attach additional sheets if needed.

Description of



Type of glass:	Tinted	Clear	Type of break:	Cracked	Chipped or pitted
		Plate	Shattered	Bull's eye	Half moon
Location of breakage:	Front	Side	Other (describe)		

Your Auto's Glass Breakage windshield damage: check "Type of glass" and "Type of break", above, and mark location on diagram

Do you think a claim will be made against you? **By whom?**

Y **Uncertain**

N

Who is your supervisor?

Your supervisor's phone number **Your signature**

is your title / position?

Your phone number **Your e-mail address**
