

**ACCIDENT REPORT – HADLEY & LYDEN, INC.**

Telephone (407) 679-8181

Fax (407) 679-9300

P.O. Box 700 • Winter Park, Florida 32790

1960 Howell Branch Road • Winter Park, Florida 32792

**INSURED'S NAME**

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

**ACCIDENT DATE** \_\_\_\_\_ Time \_\_\_\_\_ (AM)  (PM)

Contact at Insured's Office \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

FAX # \_\_\_\_\_

**INSURANCE COMPANY** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

**POLICY DATES** \_\_\_\_\_ **CLAIM #** \_\_\_\_\_

**COVERAGES** \_\_\_\_\_

**INSURED** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LOCATION OF ACCIDENT** (Street or Highway, City & State)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police Report Made  Yes  No Police Department \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Police Officer \_\_\_\_\_ Badge # \_\_\_\_\_ Report # \_\_\_\_\_

Tickets Issued  Yes  No To Whom \_\_\_\_\_ For What \_\_\_\_\_

**DESCRIPTION OF ACCIDENT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSURED VEHICLE**

Driver & address \_\_\_\_\_

Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

**TRACTOR** Year \_\_\_\_\_ Make \_\_\_\_\_ Value \_\_\_\_\_ Serial # \_\_\_\_\_

Lienholder \_\_\_\_\_  
Extent of Damage \_\_\_\_\_  
Location of Equipment \_\_\_\_\_  
**TRAILER** Year \_\_\_\_\_ Make \_\_\_\_\_ Value \_\_\_\_\_ Serial # \_\_\_\_\_  
Lienholder \_\_\_\_\_  
Extent of Damage \_\_\_\_\_  
Location of Equipment \_\_\_\_\_  
Injury \_\_\_\_\_ Did the driver take pictures? \_\_\_\_\_

**CARGO DESCRIPTION**

Type & Value of Cargo \_\_\_\_\_  
Location/Date/Time Loaded \_\_\_\_\_  
Location/Date/Time Unloaded \_\_\_\_\_  
Shipper \_\_\_\_\_  
Consignee \_\_\_\_\_  
Broker \_\_\_\_\_

**CLAIMANT'S VEHICLE**

Owner & Address \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ Cell # \_\_\_\_\_

Driver & Address \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ Cell # \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

S.S. # \_\_\_\_\_ Driver Injured  Yes  No Taken to \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ VIN# \_\_\_\_\_ Plate # \_\_\_\_\_  
Extent of Damage \_\_\_\_\_  
Towed to \_\_\_\_\_  
Name of Passengers in Vehicle \_\_\_\_\_  
Injury \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ Phone # \_\_\_\_\_ Claim # \_\_\_\_\_

**WITNESSES**

Name & Address \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

Coverage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ann Rollison, Hadley-Lyden, Inc., Agent