

# MOTOR VEHICLE

## ACCIDENT REPORTING KIT

### *IN CASE OF ACCIDENT OR LOSS,*

Immediately call the number listed below.  
All Claims should be reported by phone  
without delay.

Policy No.: TRJ-CAP-104T6800

Please call (919) 515-6135 and return accident  
reporting kit by noon of the next business day  
following the accident to:

NC State University  
Insurance & Risk Management  
Box 7521  
Raleigh, NC 27695-7521

Agent: NC Assoc. of Insurance Agents  
P.O. Box 1165  
Cary, NC 27513  
919-863-6525

**TheTravelers**

The Travelers Companies  
Hartford, Connecticut 06183



# DRIVER'S REPORT OF ACCIDENT

## ACCIDENT INFORMATION

DATE OF ACCIDENT	TIME OF ACCIDENT	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
PLACE OF ACCIDENT (ST. OR HIGHWAY, CITY OR TOWN & STATE)			
DESCRIPTION OF ACCIDENT			

## WITNESSES

*It is important to get as many as possible!*

1	NAME	TELEPHONE NO.
	ADDRESS	
2	NAME	TELEPHONE NO.
	ADDRESS	
3	NAME	TELEPHONE NO.
	ADDRESS	

## POLICE INVESTIGATION

WERE POLICE NOTIFIED?	POLICE	PRECINCT	REPORT NO.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> CITY <input type="checkbox"/> STATE		
POLICE OFFICER'S NAME	BADGE NO.	WAS ANYONE CITED?	OTHER
		<input type="checkbox"/> NO <input type="checkbox"/> YOU <input type="checkbox"/> DRIVER	

## YOUR VEHICLE INFORMATION

YEAR	MAKE	MODEL	PLATE NO.	STATE
VIN (VEHICLE I.D. NO.)		COLOR		
OWNER OF VEHICLE				
OWNER'S ADDRESS				
DRIVER'S NAME				
ADDRESS				
AGE	SOC. SEC. NO.	DRIVER'S LICENSE NO.	STATE	
DESCRIPTION OF DAMAGE				
LOCATION OF VEHICLE (NAME, PHONE, ADDRESS)				

## OTHER VEHICLE INFORMATION

DRIVER'S NAME		TELEPHONE		
ADDRESS				
AGE	SOC. SEC. NO.	DRIVER'S LICENSE NO.	STATE	
YEAR	MAKE	MODEL	PLATE NO.	STATE
OWNER OF VEHICLE		OWNER'S ADDRESS		
INSURANCE COMPANY		POLICY NUMBER		
DESCRIPTION OF DAMAGE				
LOCATION OF VEHICLE (NAME, PHONE, ADDRESS)				

## INJURED PERSONS

1	NAME	TELEPHONE NO.
	ADDRESS	AGE
	SOC. SEC. NO.	OCCUPATION
	INJURED WAS	
	<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> IN OTHER VEHICLE <input type="checkbox"/> PEDESTRIAN	
	DESCRIPTION OF INJURY	
2	NAME	TELEPHONE NO.
	ADDRESS	AGE
	SOC. SEC. NO.	OCCUPATION
	INJURED WAS	
	<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> IN OTHER VEHICLE <input type="checkbox"/> PEDESTRIAN	
	DESCRIPTION OF INJURY	
3	NAME	TELEPHONE NO.
	ADDRESS	AGE
	SOC. SEC. NO.	OCCUPATION
	INJURED WAS	
	<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> IN OTHER VEHICLE <input type="checkbox"/> PEDESTRIAN	
	DESCRIPTION OF INJURY	

## DAMAGE TO PROPERTY

1	OWNER'S NAME	TELEPHONE NO.
	ADDRESS	
	DAMAGED PROPERTY	EXTENT OF DAMAGE
2	OWNER'S NAME	TELEPHONE NO.
	ADDRESS	
	DAMAGED PROPERTY	EXTENT OF DAMAGE