



PRELIMINARY ACCIDENT REPORT

Agency Code: _____

Date: _____ Day: SU M T W TH F SA Time: _____ AM PM

Location: _____

IF RURAL, SHOW MILES N - S - W OF NEAREST CITY

Fatalities: _____ Number of Injuries: _____ Tows: _____ Hazmat Released? Yes No

OUR VEHICLE AND DRIVER

Driver's Name: _____ Fleet Number(s): _____

Name of Agency: _____

Address of Agency: _____

Phone Number of Agency: (____) _____
PO BOX/STREET CITY STATE ZIP

Was a drug or alcohol test administered by the investigating Federal, State, or local Officials? Yes No

If yes, was the test for drugs? alcohol? both?

If the investigating official did not perform a test, name and address of where you submitted for a drug and alcohol test:

Name: _____

Address: _____
PO BOX/STREET CITY STATE ZIP

Phone: (____) _____

VIN Number: _____ State: _____ Expiration: ____/____/____

Owner's Name: _____ Sex: M F Phone: (____) _____

Address: _____
PO BOX/STREET CITY STATE ZIP

Make: _____ Model: _____ Color: _____ Year: _____

License Plate Number: _____ Insurance Company: _____

Agent Name: _____ Phone: (____) _____

Address: _____
PO BOX/STREET CITY STATE ZIP

Policy Number: _____ Injuries: Yes No

Vehicle Damage: _____

INJURIES

Name: _____ Age: _____

Treated At: _____
CLINIC/ HOSPITAL AND ADDRESS CITY STATE ZIP

Describe Injuries: _____

Name: _____ Age: _____

Treated At: _____
CLINIC/ HOSPITAL AND ADDRESS CITY STATE ZIP

Describe Injuries: _____

WITNESSES

Name: _____ Phone: (____) _____

Address: _____
PO BOX/STREET CITY STATE ZIP

Name: _____ Phone: (____) _____

Address: _____
PO BOX/STREET CITY STATE ZIP

DAMAGE TO PROPERTY

Owner: _____ Phone: (____) _____

Address: _____
PO BOX/STREET CITY STATE ZIP

INVESTIGATION – LAW ENFORCEMENT

Officer Name: _____ Station: _____

Badge Number: _____ Moving Violation Issued? Yes No

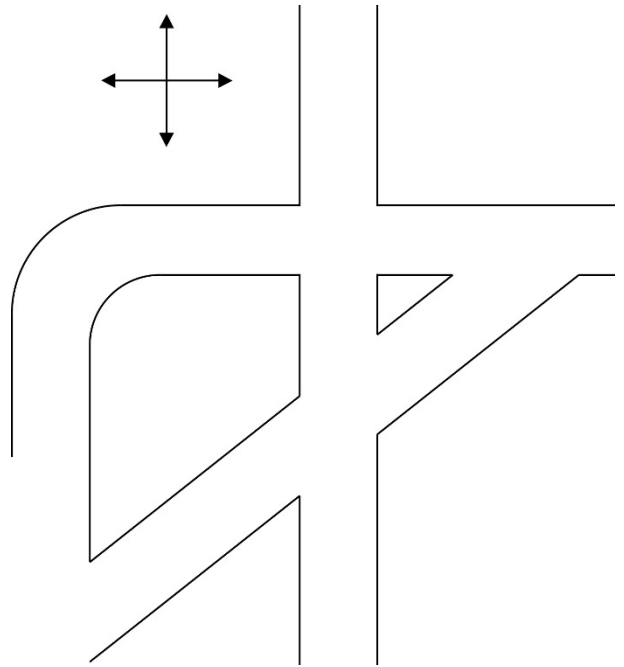
To Whom? _____

REMARKS

DESCRIPTION

Give a brief account of the accident: _____

You are in VEHICLE 1. Show vehicle positions on the side diagram



If you have an accident:

- Don't panic and stay calm. An accident is upsetting and can happen quickly. Don't argue with others involved in the accident. It can all be sorted out later.
- Help anyone that has been injured. If possible, don't move anyone. Call the police and fire department.
- Prevent another accident. Move your car out of the way of traffic and off road if possible.
- Give a factual account. When you talk to authorities, stick to the facts of what happened. Discuss only what you saw and how you were involved. Obtain the police report number if possible.
- Fill out the questions contained in this booklet to gather relevant information OR take photos of the drivers licenses and the damage of the other parties involved.

Berkshire Hathaway Homestate Ins. Co.
800-356-5750 (24 hour)



Email this completed form and any photos of the accident to:

- eric.marfin@oag.texas.gov
- GGB.SORM@ajg.com

**State Office of Risk Management
Insurance Manager**

Enterprise Risk – Strategic Programs
State Office of Risk Management
P.O. Box 13777, Austin, TX 78711-3777
(512) 475-1440 (Main)
1-877-445-0006 (Toll-free)
Fax (512) 370-9025
SormInsuranceTeam@sorm.texas.gov