



PRELIMINARY ACCIDENT REPORT

Agency Code: _____ Agency Name: _____

Address of Agency: _____

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

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

Current location of the insured vehicle and contact information for the tow yard or fleet yard (if applicable)?

OUR VEHICLE AND DRIVER

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

Name of Agency: _____

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: (____) _____

Driver's License Number: _____ State: _____ Expiration: __/__/__

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

Address: _____
PO BOX/STREET CITY STATE ZIP

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

License Plate Number: _____ Dash Camera installed? Yes No

Insurance Company: _____

Agent Name: _____ Phone: (____) _____

Address: _____
PO BOX/STREET CITY STATE ZIP

Policy Number: _____ Injuries: Yes No

Is this a rental vehicle? : Yes No Was the vehicle rented under the State Contract? 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

Police contacted? Yes No Department Name: _____

Officer Name: _____ Station: _____

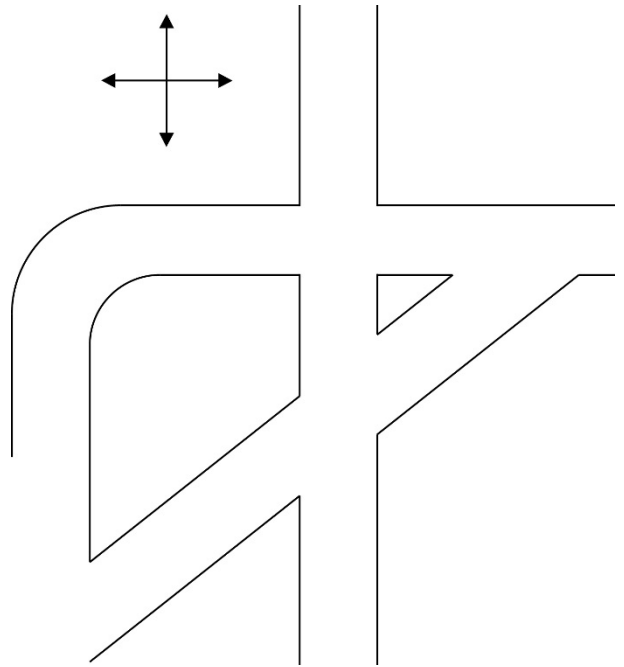
Badge Number: _____ Moving Violation Issued? Yes No

To Whom? _____

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.

America Southern Insurance Company
24 Hour Claims Reporting
1-800-241-1172

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

- beth.corbett@oag.texas.gov; kara.kennedy@oag.texas.gov
- GGB.SORM@ajg.com
- sorminsuranceteam@sorm.texas.gov

Christian Oliphant
Risk Manager-Insurance Specialty
Enterprise Risk – Strategic Programs
State Office of Risk Management
P.O. Box 13777, Austin, TX 78711-3777
(512) 936-1587 (Office)
Christian.Oliphant@sorm.texas.gov