Witnesses:

1.	NAME		
	ADDRESS		
	CITY/STATE		
	WHERE WAS THE WITNESS?		
2.	NAME		
	ADDRESS		
	CITY/STATE		
	WHERE WAS THE WITNESS?		
3.	NAME		
	ADDRESS		
	WHERE WAS THE WITNESS?		

Persons Injured:

1.	NAME	
	ADDRESS	
	CITY/STATE	
	NATURE OF INJURIES?	
2.	NAME	
	ADDRESS	
	CITY/STATE	PHONE NO
	NATURE OF INJURIES?	
3.	NAME	
	ADDRESS	
	CITY/STATE	PHONE NO
	NATURE OF INJURIES?	

Accident Report

Keep this form in the glove compartment of your vehicle. In the event of an accident, flll in all available information while at the scene.



An AIG company

183 Leader Heights Road | P.O. Box 2726 York, PA 17405 800.233.1957 | 717.741.0911 glatfelters.com

Damage to Your Vehicle:

	ME OF INSURED	N (1) 1 (1)	
		VIN#	
DR	IVER'S NAME		
ΑD	DRESS		
CIT	TY/STATE	PHONE NO	
EM	IAIL ADDRESSS		
DE	SCRIBE DAMAGE		
PO	LICE REPORT? YES] NO□	
NA	ME OF POLICE DEPARTI	MENT	
POLICE REPORT #			
lf v	vitness or witnesses are	in another care and refuse to give th	
If v	vitness or witnesses are mes, write down the lice	in another care and refuse to give th	
If v nai	vitness or witnesses are mes, write down the lice CENSE NO.	in another care and refuse to give thense plate number.	
If v nai	vitness or witnesses are mes, write down the lice CENSE NO	in another care and refuse to give thense plate number.	
If v nai	vitness or witnesses are mes, write down the lice CENSE NO. AKE OF VEHICLE	in another care and refuse to give thense plate number. MODEL	
If we name	vitness or witnesses are mes, write down the lice CENSE NO. AKE OF VEHICLE OWNER NAME ADDRESS	in another care and refuse to give thense plate number. MODEL erty of Others:	
If we name	vitness or witnesses are mes, write down the lice CENSE NO AKE OF VEHICLE OWNER NAME ADDRESS CITY/STATE	in another care and refuse to give thense plate number. MODEL erty of Others: PHONE NO	
If we name	vitness or witnesses are mes, write down the lice cense NO AKE OF VEHICLE OWNER NAME ADDRESS CITY/STATE MAKE OF CAR	in another care and refuse to give thense plate number. MODEL erty of Others: PHONE NO YEAR	
If we name	vitness or witnesses are mes, write down the lice cense NO AKE OF VEHICLE OWNER NAME ADDRESS CITY/STATE MAKE OF CAR DRIVER	in another care and refuse to give thense plate number. MODEL erty of Others: PHONE NO YEAR	
If we name LICO	vitness or witnesses are mes, write down the lice cense NO. AKE OF VEHICLE OWNER NAME ADDRESS CITY/STATE MAKE OF CAR DRIVER ADDRESS	in another care and refuse to give thense plate number. MODEL erty of Others: PHONE NO YEAR	
If we name LICO	vitness or witnesses are mes, write down the lice mes, write mes, writ	in another care and refuse to give thense plate number. MODEL erty of Others: PHONE NO YEAR PHONE NO	
If we name	vitness or witnesses are mes, write down the lice mes, write down the lice cense NO	in another care and refuse to give thense plate number. MODEL erty of Others: PHONE NO YEAR PHONE NO PHONE NO O PHONE NO O	
If we name LICO	vitness or witnesses are mes, write down the lice mes, write mes, write mes, write mes, write mes, write mes, write mes,	in another care and refuse to give thense plate number. MODEL erty of Others: PHONE NO YEAR PHONE NO PHONE NO O PHONE NO O	
If we name	vitness or witnesses are mes, write down the lice mes, write mes, write mes, write mes, write mes, write mes, write mes,	in another care and refuse to give thense plate number. MODEL erty of Others: PHONE NO YEAR PHONE NO O PHONE NO NO O ED? YES NO	

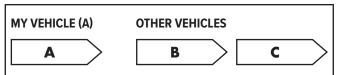
Damage to Property of Others (cont.)

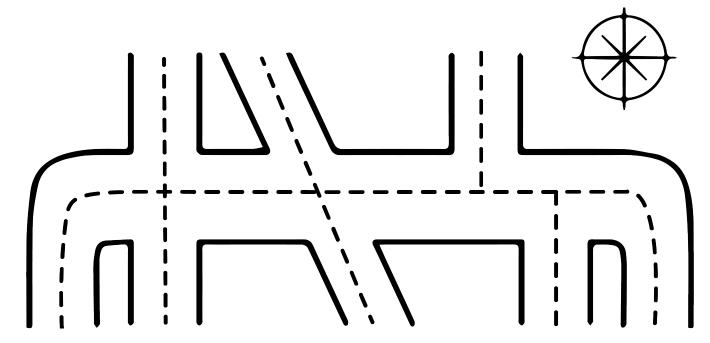
_							
2. OWNER	NAME						
ADDRES	S						
CITY/STA	ATE	_ PHONE NO					
MAKE OI	F CAR	YEAR					
		_ PHONE NO					
	IS OTHER CAR INSURED? YES □ NO □ NAME OF CO						
		TTACH PHOTOS					
Details o	of accident:						
		TIME					
	DATE TIME						
	CIDENT (NAME STI	REETS)					
ROAD SURFA	CE AND CONDITIO	N					
CONCRETE [BLACKTOP	□ TAR/CHIP □					
STONE	DIRT 🗆	NONE					
OTHER:							
WEATHER CO	NOITIONS						
		_					
SUNNY 🗆	CLOUDY	RAINING					
SLEET/HAIL 🛭	☐ FOG ☐	WIND					
SNOW \square	FREEZING R	FREEZING RAIN/ICE					
OTHER:							

Motor Vehicle Diagram:

INSTRUCTIONS:

- 1. Complete the diagram showing direction and position of vehicles involved.
- 2. Indicate point of contact.
- 3. Label street names and directions (N, S, E, W).





MY VEHICLE (A):	DETAILS OF ACCIDENT/REMARKS:
GOING WHAT DIRECTION	
SPEED (MPH)	
EMERGENCY RESPONSE YES □ NO □	
OTHER VEHICLE (B):	
GOING WHAT DIRECTION	
SPEED (MPH)	
OTHER VEHICLE (C):	
GOING WHAT DIRECTION	
SPEED (MPH)	