The Cincinnati Insurance Companies

AUTO REPORT

Keep this form handy. In the event of an auto accident, you can use it to document incident details for company records and potential investigative needs. Submit the completed form to your supervisor as soon as safely possible.

What to do at the scene of the incident:

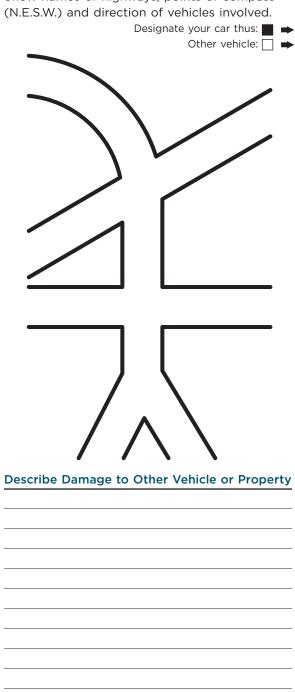
- When conditions or regulations permit, move onto shoulder or side of roadway to prevent further damage and hazards. Place warning signals or signs promptly.
- Contact the police, or ask someone else to do this if you cannot.
- Summon medical assistance if anyone is injured. Repeat call after five minutes if no help arrives.
- Do not administer first aid, unless you are qualified to do so.
- Keep calm, be courteous and don't argue.
- Make no statement concerning the accident to anyone except a police officer. When possible, get the officer's name, department, badge number and incident report number.
- Do not accept responsibility or apologize for anything.
- Obtain the names, phone numbers, addresses and vehicle license plate numbers of witnesses when possible.
- Obtain the names and addresses of all persons involved in the accident.
- Before leaving the accident scene, make sure you have all the facts.
- Take pictures of the accident scene, vehicle damage and any other property damage if you have a camera and you are able to do so safely.

You may report claims by contacting your local agency or by calling Cincinnati Insurance directly, 877-242-2544, and providing claims-related information.

Insured Driver				
Name				
Address				
City	State	ZIP		
Date of Birth				
Home Tel. No.		-		
Work Phone No.	-	-		
Email				
Insured Vehicle				
Vehicle License No).			
Make	Туре	`	Y ear	
Vehicle No.				
The Accident				
Date	F	lour		
Location: City/Stre	et/Route/S	tate		
Weather				
Condition of Road	way			
Any Dashboard Ca	meras?	Υ	Ν	
In Which Vehicles	5?			
Any GPS/Tracking	Devices?	Υ	Ν	
In Which Vehicles	5?			
Did Airbags Deplo	y?	Υ	Ν	
In Which Vehicle?	?			
Police Dept.				
Police Officer Nam	e			
Badge No.				
Describe How A	ccident O	ccurre	d	

Draw A Diagram

Show names of highways, points of compass (N.E.S.W.) and direction of vehicles involved.



Other Driver	's Name				
Address					
City			State	ZIP	
Home Tel. N	O.	-	-		
Work Phone	No.		-	-	
Email					
Other Vehic	le Ownei	r's N	lame (If c	lifferent th	nar
driver)					
Address					
City			State	ZIP	
Tel. No.	-	-			
Vehicle Lice	nse Plate	No).		
Make	Тур	е		Year	
Other Driver	's Insura	nce	Co.		
Policy No.					
Passengers	in Othe	r Ve	ehicle		
Name					
Address					
City			State	ZIP	
Tel. No.	-	-			
Name					
Address					
City			State	ZIP	
Tel. No.	-	-			
Name					
Address					
City			State	ZIP	
Tel. No.	-	-			
Name					
Address					
City			State	ZIP	
Tel. No.	-	-			
Name					
Address					
City			State	ZIP	

Tel. No.

Passengers in Othe	r Vehicle	
Name		_
Address		
City	State	ZIP
Tel. No	-	
Name		
Address		
City	State	ZIP
Tel. No	-	
Name		
Address		
City	State	ZIP
Tel. No	-	
Name		
Address		
City	State	ZIP
Tel. No	-	
Name		
Address		
City	State	ZIP
Tel. No.	-	-
Witnesses		
Name		
Address		
City	State	ZIP
Home Tel. No.		
Work Phone No.		
Name		
Address		
City	State	ZIP
Home Tel. No.		
Work Phone No.		
Name		
Address		
City	State	ZIP
Home Tel. No.		
Work Phone No.		

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For information, coverage availability in your state, quotes or policy service, please contact your local independent agent recommending coverage.



Everything Insurance Should Be®

Our loss control service is advisory only. We assume no responsibility for management or control of customer loss control activities or for implementation of recommended corrective measures. These materials were gathered from trade services and public information. We have not tried to identify all exposures. We do not warrant that this information is consistent with Cincinnati underwriting guidelines or with any federal, state or local law, regulation or ordinance.

For information, coverage availability in your state, quotes or policy service, please contact your local independent agent recommending coverage. This is not a policy. For a complete statement of the coverages and exclusions, please see the policy contract. "The Cincinnati Insurance Companies", "Cincinnati Insurance" and "Cincinnati" refer to member companies of the insurer group providing property and casualty coverages through The Cincinnati Insurance Company or one of its wholly owned subsidiaries -The Cincinnati Indemnity Company or The Cincinnati Casualty Company. Each insurer has sole financial responsibility for its own products. Not all subsidiaries operate in all states. Do not reproduce or post online, in whole or in part, without written permission. © 2021 The Cincinnati Insurance Company. 6200 S. Gilmore Road, Fairfield, OH 45014-5141.

THE CINCINNATI ADVANTAGE: RISK MANAGEMENT SOLUTIONS

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STAY SAFE, RECORD DETAILS, REPORT LOSS

Responding After an Auto Accident





Everything Insurance Should Be®