

## 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	Type	Year	
Vehicle No.			

#### The Accident

Date	Hour
Location: City/Street/Route/State	

Weather

Condition of Roadway

Any Dashboard Cameras?	Y	N
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In Which Vehicles?

Any GPS/Tracking Devices?	Y	N
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In Which Vehicles?

Did Airbags Deploy?	Y	N
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In Which Vehicle?

Police Dept.

Police Officer Name

Badge No.

#### Describe How Accident Occurred

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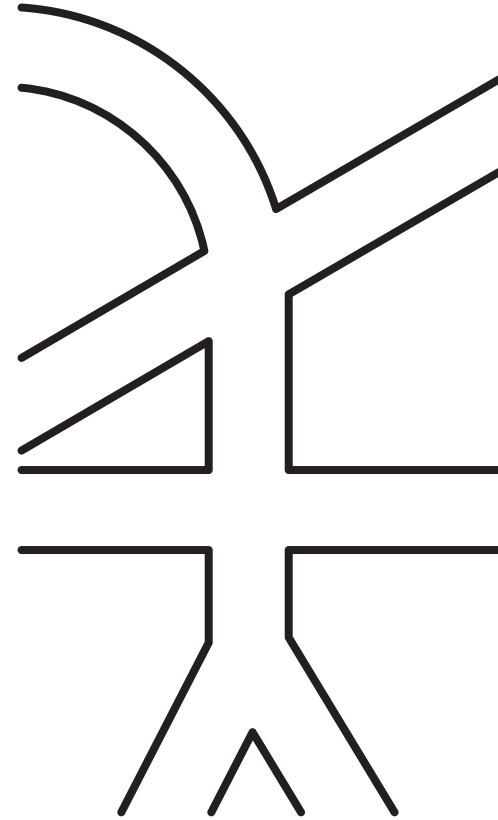
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#### Draw A Diagram

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

Designate your car thus:  ➔

Other vehicle:  ➔



#### Describe Damage to Other Vehicle or Property

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#### Damage to Property of Others

Other Driver's Name			
Address			
City	State	ZIP	
Home Tel. No.	-	-	
Work Phone No.	-	-	
Email			
Other Vehicle Owner's Name (If different than driver)			

Address			
City	State	ZIP	
Tel. No.	-	-	
Vehicle License Plate No.			
Make	Type	Year	
Other Driver's Insurance Co.			
Policy No.			

#### Passengers in Other 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.	-	-	

