

Claim Reported via:  Advised Client to Report  Called Nationwide  
 Called Nationwide w/ Client  Reported on computer

**AUTO CLAIM:**

Claim# \_\_\_\_\_  
Adjuster: \_\_\_\_\_  
Ph# / Fax# \_\_\_\_\_  
Email \_\_\_\_\_

Policy # \_\_\_\_\_

Insured: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Time of Incident: \_\_\_\_\_  
Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Other #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

License #: \_\_\_\_\_

Vehicle: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Driver: \_\_\_\_\_

Plate #: \_\_\_\_\_ Color: \_\_\_\_\_

**Description of Incident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Police Department: \_\_\_\_\_ Tickets: \_\_\_\_\_ Who: \_\_\_\_\_  
Report #: \_\_\_\_\_

Injuries: \_\_\_\_\_

Airbags deployed: \_\_\_\_\_ Seatbelts: \_\_\_\_\_ Passengers: \_\_\_\_\_

**Other Driver Information:**

Name: \_\_\_\_\_ Insurance: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Vehicle: \_\_\_\_\_

Driver: \_\_\_\_\_ Plate: \_\_\_\_\_ Color: \_\_\_\_\_

**Witness Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_