



ACCIDENT CERTIFICATION FORM

- 1. Accident Date: _____
- 2. Location: _____
- 3. Driver Name: _____
- 4. Accident Description: _____

- 5. You were: < 51% At-fault
 >= 51% At-fault

- 6. Damages: Your vehicle: \$ _____
Other vehicle(s): \$ _____
Other property: \$ _____

- 8. Injuries: Yes Please indicate if anyone was injured, including yourself.
 No

- 8. Police Report: Yes Report # _____ Responding Dept. _____
 No

- 9. Insurance: Your Insurance Company: _____
Other Party's Insurance Company: _____

I hereby certify, under penalty of perjury, that the accident information listed above is correct. I understand that a false statement made under penalty of perjury may subject me to criminal prosecution. This statement shall be considered part of the application for insurance.

Insurance Company Name: _____

Policy Number: _____

Applicant or Named Insured: _____

Signature of Driver: _____

Date Signed: _____