

**Church Mutual Insurance Company, S.I.**  
3000 Schuster Lane, P.O. Box 342, Merrill, WI 54452-0342  
(715) 536-5577 • (800) 554-2642 • Fax (715) 539-4651  
www.churchmutual.com

### AUTOMOBILE ACCIDENT REPORT

*Please furnish the following information for prompt handling of your claim.  
You may call this information in to our office or you may fax or mail this form to us.*

#### CLAIM INFORMATION

Date Reported \_\_\_\_\_  
Reported by: (Name) \_\_\_\_\_ (Title) \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Account No. 0500002 Policy No. 0500002-09-603447 Effective Date 7/1/2023  
Date of Loss \_\_\_\_\_ Time of Loss \_\_\_\_\_  a.m.  p.m.  
Insured's Name (as it appears on policy) \_\_\_\_\_  
Address 1 (Street) \_\_\_\_\_  
Address 2 (Street) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### ACCIDENT INFORMATION

Location of Accident (Street) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Police Dept. reported to \_\_\_\_\_ Officer's Name/Badge No. \_\_\_\_\_  
Report No. \_\_\_\_\_ Violation issued \_\_\_\_\_  
Description of Accident - Describe fully - Detail on provided diagram  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### WITNESSES

It is critical to give full name and address of every person who knows anything about the accident.

Name \_\_\_\_\_ Phone No.: Home \_\_\_\_\_ Work \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name \_\_\_\_\_ Phone No.: Home \_\_\_\_\_ Work \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name \_\_\_\_\_ Phone No.: Home \_\_\_\_\_ Work \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name \_\_\_\_\_ Phone No.: Home \_\_\_\_\_ Work \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

CL 425 (10-99)

**INSURED'S VEHICLE AND DRIVER INFORMATION**

Vehicle Serial No. \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle No. on policy \_\_\_\_\_ License Plate No. \_\_\_\_\_ State of Issue \_\_\_\_\_

Are you insured with any other insurance company?  No  Yes If yes, what company? \_\_\_\_\_

Name of Driver \_\_\_\_\_ Phone No.: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Relation to insured (employee, volunteer, family, etc.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

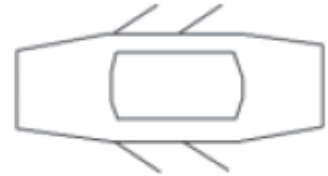
Driver's License No. \_\_\_\_\_ Purpose of Use \_\_\_\_\_ Used with Permission  No  Yes

Describe damage to insured vehicle \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Repair Estimate \_\_\_\_\_ Where can vehicle be seen? \_\_\_\_\_ When? \_\_\_\_\_

**PASSENGERS IN INSURED VEHICLE (USE ADDITIONAL PAPER IF NECESSARY)**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone No. \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Injuries \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone No. \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Injuries \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone No. \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Injuries \_\_\_\_\_

**PROPERTY DAMAGE TO OTHERS**

Owner of Property/Vehicle \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Driver \_\_\_\_\_ Phone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Describe damage to insured vehicle \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

