



CLAIMS REPORTING KIT

Administered by



**451 Diamond Drive
Ephrata, Washington 98823
(509) 754-2027; Fax (509) 754-3406
Toll Free (800) 407-2027**

Report all accidents and losses as soon as possible to your insurance agent and/or Clear Risk Solutions. In reporting accidents or losses, please follow the enclosed guidelines.

Your membership in the insurance co-op requires ALL claims must be reported regardless of size.

**CITIES INSURANCE ASSOCIATION OF WASHINGTON
AUTOMOBILE LOSS NOTICE**

CLEAR RISK SOLUTIONS
451 Diamond Drive
Ephrata, WA 98823
(800) 407-2027/ Fax (509) 754-3406

DATE: _____

DATE & TIME OF LOSS: _____ AM/PM

INSURED: _____
Insured's Business Phone: _____
Person to Contact: _____

LOSS:
Location of Accident: _____
Description of Accident: _____

INSURED VEHICLE:

<u>Veh. #</u>	<u>Year, Make, Model</u>	<u>V.I. #</u>
_____	_____	_____
_____	_____	_____

Owner's Name, Address & Phone: _____

Driver's Name & Address: _____

Business Phone: _____ Residence Phone: _____ DOB: _____
Driver's License No.: _____ Estimate Amount: _____
Describe Damage: _____

PROPERTY DAMAGED:
Describe Property: _____
Owner's Name & Address: _____

OTHER INSURANCE: _____
Business Phone: _____
Residence Phone: _____

Other Driver's Name & Address: _____

Business Phone: _____
Residence Phone: _____

Describe Damage: _____
Estimate Amount: _____

INJURED:

<u>Name & Address</u>	<u>Phone No.</u>	<u>Extent of Injury</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

WITNESSES OR PASSENGERS:

REMARKS: _____

Please include written estimates, statements, etc.

Please return to City of Woodland via mail or drop off in person.

If Mailing: PO Box 9

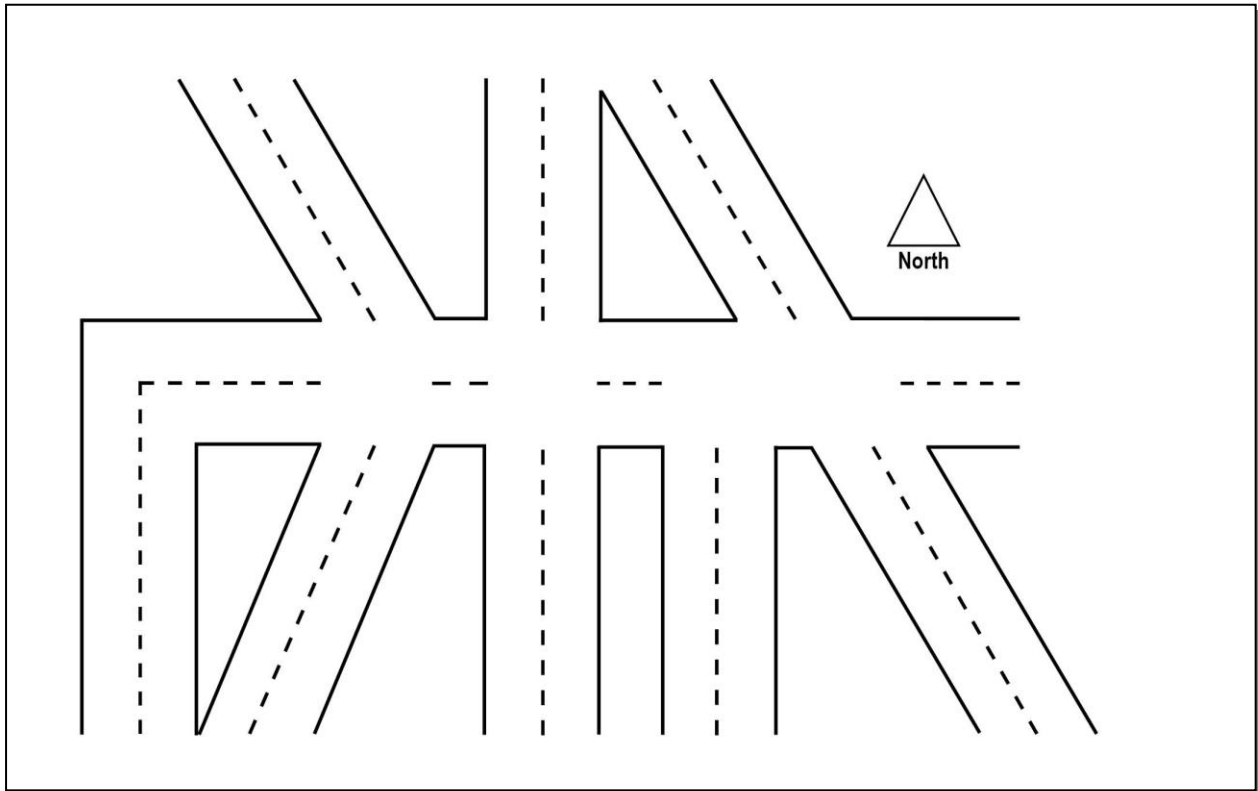
Woodland, WA 98674

Deliver in Person: 230 Davidson Avenue

Woodland, WA 98674

VEHICLE COLLISION DESCRIPTION DIAGRAM

Show name of highways, points of compass (N/S/E/W) and direction of travel of the vehicles involved.



ROAD CHARACTER	ROAD SURFACE	ROAD DEFECTS	TRAFFIC CONTROL
<input type="checkbox"/> Straight Road <input type="checkbox"/> Curve <input type="checkbox"/> Level <input type="checkbox"/> On Grade <input type="checkbox"/> Crest of hill	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Muddy <input type="checkbox"/> Snowy <input type="checkbox"/> Icy	<input type="checkbox"/> Defective Shoulder <input type="checkbox"/> Holes, Ruts, Bumps <input type="checkbox"/> Loose Material <input type="checkbox"/> Other (Describe) <input type="checkbox"/> No defects	<input type="checkbox"/> Stop Sign <input type="checkbox"/> Stop & Go Signal <input type="checkbox"/> Flagman/Officer <input type="checkbox"/> Other (Describe) <input type="checkbox"/> No Traffic Control
LIGHTING	WEATHER	NOTES	
<input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn <input type="checkbox"/> Dark – with streetlight <input type="checkbox"/> Dark – no streetlight	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No Photos Taken	

DRIVER'S STATEMENT

Signature

Date