

Reporting Instructions

After completing this incident report, please fax, e-mail or mail the report to the following:

Wortham Insurance & Risk Management

**Attn: Ms. Trish Adams
1600 West Seventh Street
Fort Worth, Texas 76102**

Claim Phone: 817.339.3130

Claim Fax: 817.339.3148

E-mail: tadams@WorthamFW.com

Main Phone: 817.336.3030

Main Fax: 817.336.8257

WORTHAM

Insurance • Risk Management

Automobile Incident Reporting Form

General Information

Name of Insured: _____

Contact Name(s): _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Fax: _____ E-mail: _____

Date of Incident: _____ Time of Incident: _____ am or pm

Description and Location of Incident: _____

Your Vehicle Information

Driver's Name: _____

Year / Make / Model: _____ VIN: _____

Describe Damage: _____ Estimate: _____

Other Vehicle Information

Owner's Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____ License Plate Number: _____

Year / Make / Model: _____ VIN: _____

Insurance Carrier: _____ Policy Number: _____

Injuries

Name of Injured: _____ Name of Injured: _____

Phone Number: _____ Phone Number: _____

Injury if Known: _____ Injury if Known: _____

Ambulance called? Yes or No Police called? Yes or No Case Number: _____

Witnesses

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____