

Motor Vehicle Accident Report

Please complete and sign the **Motor Vehicle Accident Report** and the **Reimbursement Agreement** and return them to Northwest Carpenters Trusts.

1. Participant's name: (please print) _____
2. Street address: _____
City, state, zip: _____
3. Telephone: _____ Social Security number: _____
4. List the name and relationship of the covered family member injured in the accident. Separate forms are required for each family member injured in the accident.
Name: _____ Relationship: _____
5. When did the accident occur? Date: _____ Time: _____
6. Where did the accident occur? Attach a copy of the police collision report. _____

7. How did the accident occur? _____
8. Type of injury suffered: _____
9. Did this accident occur in the course of employment? Yes No
10. What kind of accident was it? Car Motorcycle Other: (please specify) _____
11. What role did the injured party play? Driver Passenger Pedestrian
12. Was another party responsible for the accident? Yes No If yes, please complete 12(a) and 12(b).
If no, please complete 12(a) only.
(a) **Your Insurance Information**
Name of insured: _____
Insurance company: _____
Insurance company address: _____
City, state, zip: _____ Telephone: _____
Policy number: _____ Claim number: _____
Personal injury protection? Yes No Amount: \$ _____
Uninsured motorist protection? Yes No
Underinsured motorist protection? Yes No

(b) Responsible Party's Insurance Information

Name of driver: _____

Driver's insurance company: _____

Insurance company address: _____

City, state, zip: _____

Telephone: _____ Policy number: _____

13. Have you or do you intend to submit a claim to your insurance company and/or the responsible party's insurance company? Yes No If yes, please provide the following information:

Insurance company: _____

Claim number: _____

Name of person handling the claim: _____

14. Have you or do you intend to hire an attorney to represent you in this matter? Yes No. If yes, please provide the following information:

Name of your attorney: _____

Address: _____

City, state, zip: _____ Telephone: _____

15. Have you missed work because of your injury? Yes No. If yes, when? _____

16. Have you and/or your dependents received payments due to your injury from any source including insurance plans? Yes No. If yes, from whom? _____

I hereby certify that the foregoing statements (including any accompanying statements) are true, correct, and complete to the best of my knowledge. I understand I must also complete the **Reimbursement Agreement** and return it with this form to Northwest Carpenters Trusts.

Signature of injured party

Date signed

Signature of legal guardian (if applicable)

Date signed