

# NDIRF NORTH DAKOTA INSURANCE RESERVE FUND

## AUTO INCIDENT REPORT

Named Member: \_\_\_\_\_ Policy # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact for the claim?  Yes  No If no, Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Agency: \_\_\_\_\_ Agency Contact Person/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Date of Incident:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Time of Incident:** \_\_\_\_:\_\_\_\_  AM  PM

Location (Be specific): \_\_\_\_\_

Authorities contacted?  Yes  No If yes, who? \_\_\_\_\_ Report Number: \_\_\_\_\_

**FULLY DESCRIBE INCIDENT:** \_\_\_\_\_

**MEMBER VEHICLE:** Unit # \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Last 5 digits of VIN: \_\_\_\_\_ Describe Damage: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**OTHER VEHICLE:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Describe Damage: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**PROPERTY DAMAGE:**

Describe Property: \_\_\_\_\_ Describe Damage: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**INJURED PARTIES:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Extent of Injury: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Extent of Injury: \_\_\_\_\_

**WITNESSES/PASSENGERS:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**\*\*Please email this report to your agent with any other supporting documentation.\*\***