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## WRITTEN STATEMENT OF INCIDENT

**THIS COMPLETED STATEMENT MUST BE NOTARIZED AND RETURNED TO OUR OFFICE FOR TIMELY PROCESSING.**

Claim #: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Driver: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

### DETAILS OF THE INCIDENT:

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Responding Police and/or Fire Department: \_\_\_\_\_

Do you have a copy of the report?  YES  NO \*If 'YES', Please provide a copy.

Report #: \_\_\_\_\_

Were any traffic citations issued involving the incident?  YES  NO

If 'YES', who received a citation(s)? \_\_\_\_\_

Did the incident occur at an intersection?  YES  NO

If 'YES', intersecting street/highway: \_\_\_\_\_

Weather:  Dry  Rain  Snow  Sleet

Visibility:  Clear  Rain  Snow  Sleet  Fog  Other

Road Surface:  Dry  Wet  Snow  Ice

Road Condition:  Paved  Gravel  Dirt  Construction Zone

Speed of your vehicle at the time of the incident: \_\_\_\_\_ MPH

Number of vehicles involved in the incident: \_\_\_\_\_

Were any vehicles towed from the scene?  YES  NO

If 'YES', Which vehicle? \_\_\_\_\_

To what location were the vehicle(s) towed?

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**DISPATCH INFORMATION:**

Were you under dispatch at the time of loss?  YES  NO

If 'YES', Date of Dispatch: \_\_\_\_\_

Did you have placards in place at the time of the accident?  YES  NO

Were you on your way to pick up a load?  YES  NO

Were you returning from delivering a load?  YES  NO

Were you pulling a trailer or RV at the time of the accident?  YES  NO

If 'YES', what type?: \_\_\_\_\_

What was the purpose of your trip? \_\_\_\_\_

Where were you leaving from? \_\_\_\_\_

Where were you heading at the time of the accident? \_\_\_\_\_

Where do you normally park your vehicle when not in the business of trucking?

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you required to return to the terminal after delivery?  YES  NO

**MOTOR CARRIER INFORMATION:**

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ USDOT#: \_\_\_\_\_

**INSURED TRUCK/TRACTOR INVOLVED IN THE INCIDENT:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

VIN#: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

**Do you own this vehicle?**  YES  NO If 'NO', Complete owner information below:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Is there a lien on this vehicle?**  YES  NO If 'YES', provide lienholder information:

Financial Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Account #: \_\_\_\_\_

**If 'NO', Include a copy of your title.**

**TRAILER INVOLVED IN THE INCIDENT:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

VIN#: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

**Do you own this vehicle?**  YES  NO If 'NO', complete owner information below:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Is there a lien on this vehicle?**  YES  NO If 'YES', provide lienholder information:

Financial Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Account #: \_\_\_\_\_

**If 'NO', Include a copy of your title.**

**CARGO INFORMATION:**

Were you loaded with cargo at the time of the incident?  YES  NO

If 'YES', Complete the following information and include Bills of Landing and Manifest.

Description of Cargo? \_\_\_\_\_

Date of pick up: \_\_\_\_\_

Location of pick up: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What was your delivery destination? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of delivery: \_\_\_\_\_

Owner of RV or Cargo involved in the Incident:

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ MC#: \_\_\_\_\_

**INSURED VEHICLE PASSENGER INFORMATION:**

Did you have any passengers in your vehicle at the time of the incident?  YES  NO

If 'Yes', List below:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Was anyone in your vehicle injured?  YES  NO

If 'YES', Whom? \_\_\_\_\_

Description of Injury: \_\_\_\_\_

Did they seek medical treatment?  YES  NO

Was an ambulance called to the scene?  YES  NO

**OTHER VEHICLE INFORMATION:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Driver's Name (if known): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Were there any passengers in the other vehicle?  YES  NO

If 'YES', How many? \_\_\_\_\_

Was anyone in the other vehicle(s) injured?  YES  NO

If 'YES', Please list.



Is there any additional information that you would like to include in your statement?

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**I hereby certify that all of the information I have provided in this statement is true and accurate to the best of my knowledge and recollection. I have not knowingly concealed any facts or information about this incident.**

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Notary: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_  
Date: \_\_\_\_\_