

6.

INJURED INDIVIDUALS:

NAMES AND ADDRESS:	PHONE(S):	AGE:	LOCATION:	EXTENT OF INJURY:
	Home:		Pedestrian Insured Vehicle Other Vehicle	Describe:
	Work:			Initial Treatment:
	Home:		Pedestrian Insured Vehicle Other Vehicle	Describe:
	Work:			Initial Treatment:
	Home:		Pedestrian Insured Vehicle Other Vehicle	Describe:
	Work:			Initial Treatment:

7.

WITNESSES OR PASSENGERS:

NAMES AND ADDRESS:	PHONE(S):	LOCATION:	DETAILS:
	Home:	Pedestrian Insured Vehicle Other Vehicle	
	Work:		
	Home:	Pedestrian Insured Vehicle Other Vehicle	
	Work:		

8.

Weather:	Surface:	Type:	Involved With:
Clear	Dry	<YUX'Cb	Moving Vehicle
Cloudy	Wet	Side Swipe	Parked Vehicle
Rain/Snow	Snow/Ice	Rear End	Pedestrian
Fog		Side Impact	Bike/Cycle
			Animal
			Fixed Object

Completed by: _____

Date: _____

**Toll-Free Number for Automobile Claims
1-800-580-8922**

Complete and Return to 355@sedgwick.com