ACCIDENT REPORT

Please complete this form in its entirety and return it within 24-hours of your accident

Mail to: The Motorlease Corporation
1506 New Britain Avenue
Farmington, CT 06032
Phone: (860) 677-9711 Fax: (860) 674-8677

Type or print in ink, pencil or carbon copies are not acceptable. Use additional forms for vehicles 3, 4, etc.

DATE OF ACCIDENT (month) (day) (year)	DAY OF WEEK	TIME OF ACCIDENT (fill in and check one) ☐ AM ☐ PM	MOTORLEASE CAR #	# OF VEHICLES INVOLVED
CITY OR TOWN WHERE ACCIDENT OCCURRED	STREET OR ROUTE # ON WHICH ACCIDENT OCCURRED	AT ITS INTERSECTION WITH (street name or route #)		
NAME AND ADDRESS OF DRIVERS COMPANY				
LOCATION OF MOTORLEASE VEHICLE	IS THE CAR DRIVABLE ☐ YES ☐ NO	HAVE YOU NOTIFIED: YOUR INSURANCE CARRIER ☐ YES ☐ NO	MOTORLEASE? ☐ YES ☐ NO	
POLICE AT SCENE ☐ YES ☐ NO	POLICE DEPARTMENT (check if applicable) ☐ Local ☐ State	NAME AND ADDRESS OF PERSON ARRESTED OR SUMMONED TO COURT		

VEHICLE #1 (YOU AND YOUR VEHICLE)	OTHER VEHICLE #2
OPERATOR NAME (Last) (First) (Middle initial)	OPERATOR NAME (Last) (First) (Middle initial)
STREET ADDRESS	STREET ADDRESS
CITY OR TOWN / STATE / ZIP CODE	CITY OR TOWN / STATE / ZIP CODE
OPERATOR LICENSE # / LICENSE STATE / TELEPHONE #	OPERATOR LICENSE # / LICENSE STATE / TELEPHONE #
DATE OF BIRTH (month, day, year) / SEX / OCCUPATION	DATE OF BIRTH (month, day, year) / SEX / OCCUPATION
VEHICLE ASSIGNED DRIVER (check if same as operator #1) ☐	VEHICLE ASSIGNED DRIVER (check if same as operator #2) ☐
ADDRESS (street number and name, city or town, state, zip code)	ADDRESS (street number and name, city or town, state, zip code)
REGISTRATION PLATE # / REG STATE / IDENTIFICATION # (from Reg. Certificate)	REGISTRATION PLATE # / REG STATE / IDENTIFICATION # (from Reg. Certificate)
VEHICLE YEAR AND MAKE / MODEL / MILEAGE	VEHICLE YEAR AND MAKE / MODEL / MILEAGE
LIST PARTS OF VEHICLE DAMAGED	LIST PARTS OF VEHICLE DAMAGED

(1) INJURED PERSON'S NAME	(2) INJURED PERSON'S NAME	(3) INJURED PERSON'S NAME
ADDRESS	ADDRESS	ADDRESS
AGE / SEX / TAKEN TO (Hospital name)	AGE / SEX / TAKEN TO (Hospital name)	AGE / SEX / TAKEN TO (Hospital name)
PERSON INJURED WAS (check one and indicate veh. #) ☐ Operator ☐ Passenger Vehicle ____ OR ☐ Pedestrian ☐ Bicyclist	PERSON INJURED WAS (check one and indicate veh. #) ☐ Operator ☐ Passenger Vehicle ____ OR ☐ Pedestrian ☐ Bicyclist	PERSON INJURED WAS (check one and indicate veh. #) ☐ Operator ☐ Passenger Vehicle ____ OR ☐ Pedestrian ☐ Bicyclist
NATURE AND EXTENT OF INJURIES	NATURE AND EXTENT OF INJURIES	NATURE AND EXTENT OF INJURIES
DID PERSON DIE ☐ YES ☐ NO	DID PERSON DIE ☐ YES ☐ NO	DID PERSON DIE ☐ YES ☐ NO

OTHER PROPERTY DAMAGED (Name object and describe damage)	NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY
NAME AND ADDRESS OF WITNESS	

INSURANCE AGENT NAME AND ADDRESS -- VEHICLE #2		AGENT TELEPHONE #
NAME OF INSURANCE COMPANY (Not insurance agent or group)	POLICY NUMBER	EFFECTIVE DATES OF POLICY (From & To)
POLICYHOLDER'S NAME	POLICYHOLDER'S ADDRESS (street number and name, city or town, state, zip code)	

WEATHER CONDITIONS (Check one)		ROAD SURFACE CONDITIONS (Check one)		LIGHT CONDITIONS (Check one)	
1 ☐ Clear	5 ☐ Snowing	1 ☐ Dry	5 ☐ Slushy	1 ☐ Daylight	4 ☐ Darkness, no highway illumination
2 ☐ Raining	6 ☐ Sleet or Freezing Rain	2 ☐ Wet	6 ☐ Freshly Oiled	2 ☐ Dawn	5 ☐ Darkness, with highway illumination
3 ☐ Fog	7 ☐ Cloudy	3 ☐ Icy	7 ☐ Loose Sand	3 ☐ Dusk	
4 ☐ Rain & Fog	8 ☐ Other ______	4 ☐ Snowy	8 ☐ Other ______		

VEHICLE MANEUVERS PRIOR TO THE ACCIDENT

Vehicle #1 was going ☐ N ☐ S ☐ E ☐ W on ______________ (street name or route number)

Vehicle #2 was going ☐ ☐ ☐ ☐ on ______________ (street name or route number)

Check one of the following for each vehicle:

Vehicle 1	2		Vehicle 1	2	
☐	☐	Going straight ahead	☐	☐	Starting in traffic lane
☐	☐	Overtaking	☐	☐	Starting from parked position
☐	☐	Making right turn	☐	☐	Backing
☐	☐	Making left turn	☐	☐	Stopped in traffic lane
☐	☐	Making U-turn	☐	☐	Parked vehicle
☐	☐	Slowing or Stopping	☐	☐	Other ______
☐	☐	Making right turn on red signal			

PEDESTRIAN MANEUVERS PRIOR TO THE ACCIDENT

Pedestrian was going ☐ N ☐ S ☐ E ☐ W on ______________ (street name or route number)

From ______________ (i.e. From N.E. corner to S.E. corner) To ______________

Pedestrian was (check one):

☐ Crossing or entering at intersection	☐ Other working in roadway
☐ Crossing or entering not at intersection	☐ Standing in roadway
☐ Walking in roadway with traffic	☐ Playing in roadway
☐ Walking in roadway against traffic	☐ Not in roadway
☐ Getting on or off vehicle in roadway	☐ Other ______
☐ Pushing or working on vehicle in roadway	

MANNER OF COLLISION (check one) ☐ Head-on ☐ Rear-end ☐ Sideswipe ☐ Backed-into ☐ Angle ☐ Other (explain in your written description)

DRAW A DIAGRAM OF WHAT HAPPENED, USING THE APPROPRIATE GUIDE BELOW

INSTRUCTIONS:

1. Number each vehicle (at front of report) and show direction of travel with an arrow:
   Use solid line to show direction prior to collision → 1   Use broken line to show direction after collision - - 2
2. Show pedestrians as → P and bicyclists as → B
3. Show railroad tracks as ┼┼┼┼┼┼┼
4. Show distance and direction to reference points and label all reference points
5. Show all involved objects (i.e. bridges, buildings, poles, etc.)
6. Indicate all street names or route numbers
7. Be sure to show the point of impact and where the vehicle(s) came to rest

○ Draw an arrow pointing North in this circle

(street or route #)

(street or route #)

(street or route #)

PLEASE DESCRIBE WHAT HAPPENED - be sure to include maneuvers prior to the collision and a written description of the actual contact. Refer to vehicles by number. You are vehicle number 1:

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PLEASE SIGN HERE: ______________________________ DATE: ______________