5. PERSONAL INJURIES Name of injured person N/A

Address

Age Occupation Social Security No.

Injuries N/A

Name and address of treating Doctor

Where was injured person taken?

Where was injured person at time of accident? Seat Belts In Use? ☐ Yes ☐ No

What statement was made by injured person?

Do you anticipate claim being made against you?

6. OTHER CAR OR PROPERTY INVOLVED (NOT YOUR CAR)

Name and address of owner of damaged auto or other property damaged. [redacted]

[redacted], Rome, NY [redacted]

Home Phone Do Not Know Business Phone ← Do Not Know → Social Security No.

Name of other party's insurance carrier 478 - ALLSTATE PROP CAS INS CO Policy No.

Make of automobile CHEV Year 2008 Body Type Model MALIBU

Describe damage to auto or other property Right rear bumper hit, not a lot of damage

License Plate No. and State [redacted] NY Estimated Repair Cost $ Do Not Know

Name of Driver of other car [redacted] Address [redacted] Rome, NY [redacted]

Drivers License No. Do Not Know Social Security No. ← Do Not Know → Age of Driver

Occupants of other car Do Not Know → female - Spouse Address Do Not Know

Address

Where can investigator see other car? GREG ELLINGER COLLISION

What was said between you and other driver How accident occurred

IMPORTANT: Is claim being made against you? Do Not Know Are you making claim against the other party?

7. DAMAGE TO POLICYHOLDER'S AUTOMOBILE:

State cause of damage or loss if other than accident

Date of loss

Describe parts, nature and extent of loss

Estimated cost of repairs $

If theft, were police notified? When Officer's name and number

Give make, size and mileage of tires stolen or damaged

Age of convertible top Purchase date and warranty of battery

8. WITNESSES / THIS IS IMPORTANT The names and addresses of all witnesses, bystanders or people in the immediate vicinity who may have seen the accident or heard any statement made, should be listed.

Name Do Not Know Telephone No. Do not know Social Security No.

Address City State

Name Telephone No. Social Security No.

Address City State

New York law requires the following to appear on this form:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

9. CERTIFICATE I certify that the foregoing is correct to the best of my knowledge and belief.

Date of this report 7/10/09

Policyholder's Signature [redacted]

Driver's Signature

(If other than Policyholder)