

**CITIES INSURANCE ASSOCIATION OF WASHINGTON  
AUTOMOBILE LOSS NOTICE**

Clear Risk Solutions  
451 Diamond Drive  
Ephrata, WA 98823  
(800) 407-2027/Fax (509) 754-3406  
Email: [claims@chooseclear.com](mailto:claims@chooseclear.com)

Date: \_\_\_\_\_

Date & time of loss: \_\_\_\_\_ am/pm

**INSURED:** \_\_\_\_\_  
Person to Contact: \_\_\_\_\_  
Contact's Phone Number: \_\_\_\_\_ Insured's Business Phone: \_\_\_\_\_

**LOSS:**  
Location of Accident: \_\_\_\_\_  
Description of Accident: \_\_\_\_\_  
\_\_\_\_\_

**INSURED VEHICLE:**  
Vehicle No. \_\_\_\_\_ Year, Make, Model \_\_\_\_\_ Vehicle Identification Number \_\_\_\_\_  
\_\_\_\_\_

Owner's Name, Address, & Phone: \_\_\_\_\_  
\_\_\_\_\_

Driver's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Estimate Amount: \_\_\_\_\_  
Describe Damage: \_\_\_\_\_  
\_\_\_\_\_

**PROPERTY DAMAGED:**  
Describe Property: \_\_\_\_\_ Other Insurance: \_\_\_\_\_  
Owner's Name & Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
\_\_\_\_\_ Residence Phone: \_\_\_\_\_  
\_\_\_\_\_

Other Driver's Name & Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
\_\_\_\_\_ Residence Phone: \_\_\_\_\_  
\_\_\_\_\_

Describe Damage: \_\_\_\_\_  
Estimate Amount: \_\_\_\_\_

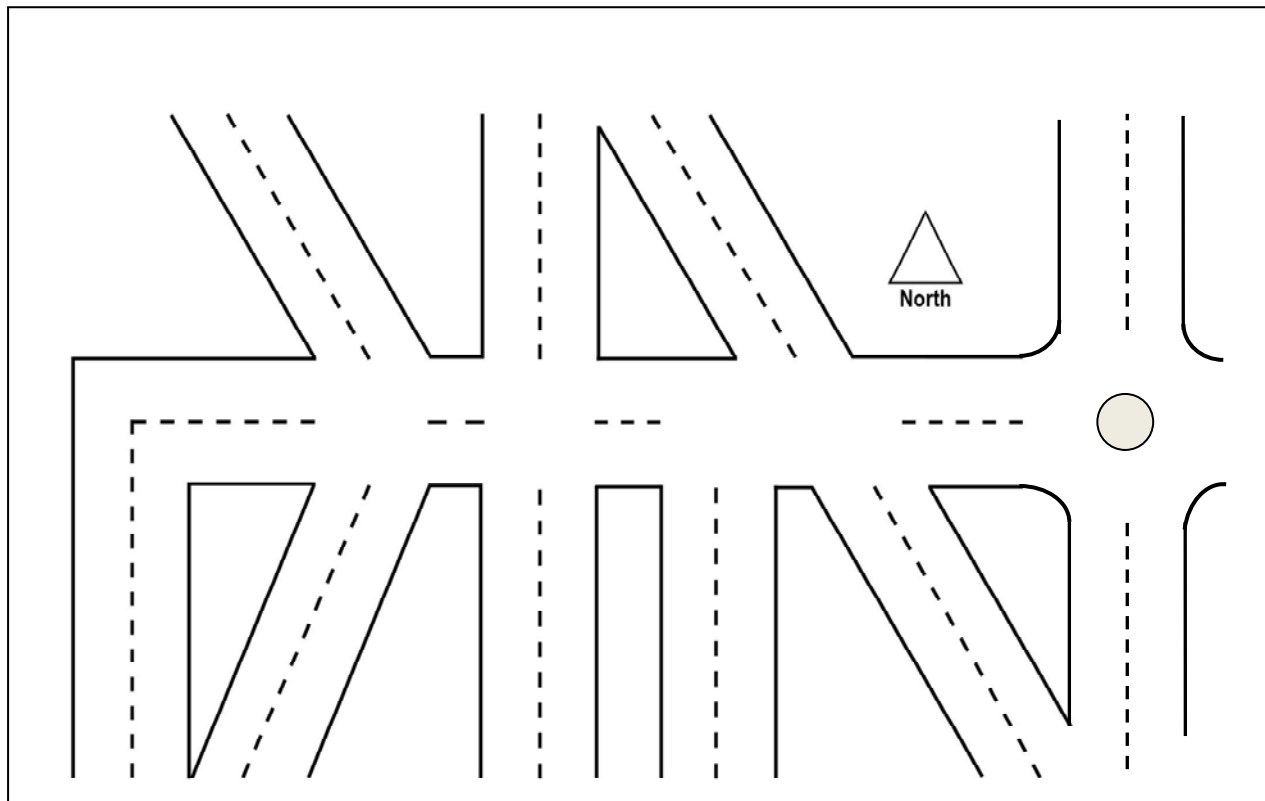
**INJURED:**  
Name & Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Extent of Injury \_\_\_\_\_  
\_\_\_\_\_

Witnesses or Passengers: \_\_\_\_\_  
\_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VEHICLE COLLISION DESCRIPTION DIAGRAM**

Show name of highways, points of compass (N/S/E/W), and direction of travel of the vehicles involved.



ROAD CHARACTER	ROAD SURFACE	ROAD DEFECTS	TRAFFIC CONTROL
<input type="checkbox"/> Straight Road <input type="checkbox"/> Curve <input type="checkbox"/> Level <input type="checkbox"/> On Grade <input type="checkbox"/> Crest of Hill	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Muddy <input type="checkbox"/> Snowy <input type="checkbox"/> Icy	<input type="checkbox"/> Defective Shoulder <input type="checkbox"/> Holes, Ruts, Bumps <input type="checkbox"/> Loose Material <input type="checkbox"/> Other (Describe) <input type="checkbox"/> No Defects	<input type="checkbox"/> Stop Sign <input type="checkbox"/> Stop & Go Signal <input type="checkbox"/> Flagman/Officer <input type="checkbox"/> Other (Describe) <input type="checkbox"/> No Traffic Control
LIGHTING	WEATHER	NOTES	
<input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn <input type="checkbox"/> Dark – with Streetlight <input type="checkbox"/> Dark – no Streetlight	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No Photos Taken	

