

INCIDENT INVESTIGATION/CLAIM FORM

Please complete this form and return it to the following address within 72 hours of Incident:

Northwest Parkway LLC
3701 Northwest Parkway
Broomfield, CO 80023
Telephone (303) 533-1200 Facsimile (303) 404-3049

Full and complete responses to all of the requested information will assist in the investigation and processing of the incident. Failure to provide all of the requested information may delay or adversely affect the investigation and processing of potential claims.

Name: _____ Street Address: _____
City: _____ State: _____ ZIP: _____ DL# _____
Vehicle Make: _____ Model: _____ Year: _____
Mileage: _____ License Plate _____
Vehicle Owner's Name: _____
Owner's Address (if different from yours): _____
Was a Police/Incident Report Filed? Y N
Police Report/Incident Report # _____ Date Report Filed: _____
Date and Time of Incident: _____ What was your speed? _____
Location of the Incident (Road, Direction, and Mile Post) _____
Was there construction in this area? Y N
Barricades in place? Y N Workers Present Y N
If this incident involved road debris, what was the debris?

Did this incident involve a toll plaza? Y N
Describe damage to vehicle:

Was anyone in your vehicle injured? Y N
If so, identify each person who was injured and describe the injury in detail:

Name	Address	Age	Injury
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Were there any witnesses to the incident? Y N

If yes, please identify each such witness:

Witness Name	Address	Phone Number
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Witness Name	Address	Phone Number
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Describe, in detail, how the incident occurred, including whether the incident was road-related; a collision with a barrier; a collision between two or more vehicles; an incident involving a toll gate or some other type of incident:

Your Insurance company's name: _____ Policy #: _____

Insurance agent's name and address: _____

Please indicate the insurance you have: _____ Liability _____ Collision _____ Other than collision

Is your insurance company currently processing a claim for this incident? ___ Y ___ N Claim # _____

To expedite processing, please include the following documentation:

- Three competitive estimates from licensed repair facilities
- Photographs reflecting damage to your property
- Police Report – if available
- Proof of Toll Road Travel (receipt – if available)

PLEASE READ AND UNDERSTAND THE FOLLOWING CERTIFICATION BEFORE SIGNING THIS FORM

I state that my answers on this Form are true and correct to the best of my knowledge. I also understand that submitting this Form does not indicate that Northwest Parkway LLC has accepted liability or responsibility for this matter, and that responsibility will be determined after further investigation and analysis of the facts and circumstances relating to the incident. I further understand and agree that I am providing the requested information voluntarily in order to assist the Northwest Parkway LLC to investigate the incident, and that, by completing the claims form, I hereby grant my permission to the Northwest Parkway LLC to use the information contained herein and that this Form and any additional information may be sent to Northwest Parkway LLC's insurer or others investigating the incident.

Your Signature

Date