**REPORT OF ACCIDENT OR LOSS**

**Insured**       Policy Number:

Person reporting loss       Relationship to claim       Phone       Email

Date of Accident       Time        A.M.  P.M

Street/Highway       (City)       (County)       (State)       (Weather)

Description of Accident

**INSURED INFORMATION**

Insured Driver:       Phone       Address       Driver License/State       Date of Birth

Email

Injured  Yes  No Extent:

Transported by Ambulance  Yes  No Life Flight  Yes  No

Tractor: Year       Make       VIN       License Plate/State

Trailer: Year       Make       VIN       License Plate/State

Bus: Year       Make       VIN       License Plate/State

Damage Description:       Towed  Yes  No

Were you under dispatch  Yes  No To Who

Hauling Cargo  Yes  No Type of Cargo       Cargo Damaged  Yes No

Refrigerated  Yes  No Hazardous Material  Yes  No

Broker/Phone       Shipper/Phone       Receiver/Phone

Fuel Spill  Yes  No Amount       Near water source/drain?

­­­­­­­­­­­­­­­­­­­­­­­­­**CLAIMANT INFORMATION**

Owner Name       Phone:       Address       Email:

Year       Make of Vehicle       Model       VIN       License Plate/State

Damage Description       Towed  Yes  No

Drivers Name       Phone:       Address Driver License/State       Date of Birth

Email

Injured  Yes  No Extent:

Transported by Ambulance  Yes  No Life Flight  Yes  No

Passengers  Yes  No Name/Phone

Injured  Yes  No Extent:

Transported by Ambulance  Yes  No Life Flight  Yes  No

**PROPERTY DAMAGE**

Owner Name       Phone:       Address

What was damaged       Damage Description:

**PEDESTRIAN**

Name       Phone:       Address

Injured  Yes  No Extent:

Transported by Ambulance  Yes  No Life Flight  Yes  No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POLICE**

Police called  Yes  No Report made  Yes  No Name of Police Department

Officer Name:       Badge ID       Phone

Police report number       Citations  Yes  No Who was charged

Any photos taken  Yes  No By whom       Dash Cam  Yes  No

**WITNESSES**

Name       Phone:       Address

**ADDITIONAL COMMENTS**