**PRELIMINARY REPORT OF ACCIDENT OR LOSS**

**Insured**       Policy Number

Who reported loss       Relationship to claim       Phone       Email

Person Taking Report       Date       Time       [ ]  A.M. [ ]  P.M

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 Cargo Weight

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

Insurance Company       Policy No.       Claim No.

Year       Make of Vehicle       Model       VIN       License Plate/State

Damage Description       Towed [ ]  Yes [ ]  No

If Commercial Vehicle: Hauling Cargo [ ]  Yes [ ]  No Type of Cargo       Cargo Damaged [ ]  Yes [ ]  No

Cargo Weight

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

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**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**

**HOTLINE INFORMATION**

**Report taken by:**       Time:       Date:       Escalation required? [ ]  Yes [ ]  No

If yes: Reason for escalation

Local adjuster assigned       Branch       Cell Phone

1. **BPT contacted:**       Est Time:
2. **BPT contacted:**       Est Time:

Instructions from BPT: