**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

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

**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: