

# AUTOMOBILE LOSS NOTICE

<b>INSURED POLICY #</b>		<b>DATE:</b>	
Name:	Contact:	DOL:	
Address:	Phone:	Time:	
Cty, St, Zip:	Fax #:	Terminal Code:	
<b>Insured Driver:</b>		<b>Owner of IV:</b>	
<b>Dispatch:</b>			
Name :	Name:	Loaded:	
Address:	Address:	Bobtail:	
Cty, St, Zip:	Cty, St, Zip:	Deadhead:	
Phone:	Phone:		
Cell Phone:	Cell Phone:		
<b>Description:</b>			
<b>Location:</b>			
			<b>Police Rpt. #:</b>
<b>Citations:</b>			
<b>Insured Vehicle:</b>			
Veh. #:	Plate:		
Make:	State:		
Model:	V.I.N.:		
Year:	Driveable:		
<b>Loc. Of Veh.:</b>			
<b>Leinholder:</b>			
<b>Owner:</b>		<b>Driver:</b>	
<b>Insurance</b>			
Name :	Name:	Name:	
Address:	Address:	address:	
Cty, St, Zip:	Cty, St, Zip:	cty, st, zip	
Phone:	Phone:	phone:	
Work Phone:	Work Phone	Policy #	
<b>Clmt Veh.:</b>		<b>Location of vehicle:</b>	
Year:	Plate:	Name:	
Make:	State:	Address:	
Model:	V.I.N.:	Cty, St Zip:	
Damage:	Driveable:	Phone:	
<b>Passengers:</b>		<b>Injuries:</b>	
Name:	Name:	Name	
Address:	Address:	Extent:	
Cty, St, Zip:	Cty, St, Zip:	Ambulance:	
Phone:	Phone:	Hospital:	
Work Phone:	Work Phone		
<b>Witnesses:</b>			
Name:	Name:		
Address:	Address:		
Cty, St, Zip:	Cty, St, Zip:		
Phone:	Phone:		
Work Phone:	Work Phone:		
<b>Rep By:</b>		<b>Rep To:</b>	
<b>Phone:</b>			