

Vehicle Loss Form

Driver Name: _____ Driver's License#: _____

State: _____

Passenger(s): _____

Vehicle Involved: Year: _____ Model: _____ Serial # (last 6): _____

Where accident happened:

Date: _____ Time: _____ (a.m./ p.m.)

What Police Department Responded: _____

(State, County, City)

Officer Name (if available): _____

Was anyone injured? _____ Hospitalized? _____

Where can vehicle be seen? _____

Other Vehicle(s) Involved:

Year: _____ Model: _____

Driver Name: _____ Driver's License #: _____

Phone#: _____ State: _____

Insurance Carrier/Agent: _____

Policy #: _____

Phone#: _____

Name(s)-of passenger(s) in Insured vehicle:

Name & Contact number for person(s) involved:

Briefly describe what happened:

Driver's Signature: _____ Supervisor's Signature: _____