

# Automobile Loss Notice

Loss Information	
Named Insured: _____	
Date of Loss: _____	Time of Loss: _____
Contact: _____	Date Reported: _____
Telephone: _____	Reported By: _____
Reporting Information	
Location: _____	
Authority: _____	Report Number: _____
Citation: _____	
Description: _____	
_____	
Insured Vehicle	
Year / Make / Model: _____	
VIN (Last 4 Digits): _____	Driver's Name: _____
Damage Description: _____	
Vehicle Location: _____	
Claimant Vehicle	
Year / Make / Model: _____	
Owner: _____	Driver's Name: _____
Home Phone: _____	Work Phone: _____
Damage Description: _____	
Vehicle Location: _____	
Injured	
Name: _____	Extent of Injury: _____
Address: _____	
Witnesses	
_____	
_____	