



COMMERCIAL AUTO LOSS REPORT

Complete all information and fax to 419.227.8743, Attn: Claims department

DRIVER'S REPORT

COMPANY NAME _____

ADDRESS/PHONE _____

DATE/TIME _____

LOCATION _____

WEATHER/ROAD CONDITIONS _____

YOUR NAME/ADDRESS _____

VEHICLE/MAKE/YR/LICENSE PLATE # _____

OTHER VEHICLES

DRIVER (S)

2) _____

NAME/ADDRESS/PHONE

LICENSE#/STATE/DOB

3) _____

NAME/ADDRESS/PHONE

LICENSE#/STATE/DOB

VEHICLE (YR, MAKE, LICENSE PLATE #)

2) _____

3) _____

INJURED (NAME/WHERE TAKEN)

POLICE DEPT NAME/OFFICER NAME/PHONE

REPORT # _____

DESCRIBE THE INCIDENT (YOU ARE VEH 1, THEY ARE VEH 2 & 3, ETC)

