



Post Office Box 2348
 Cincinnati, OH 45202
 Toll-Free 800 291 1971
 Fax 877 335 8910 or 513 412 8400
 www.GreatAmericanTrucker.com

Producer Name _____ Producer Phone (_____) ext. _____
 Leasing Company _____ Phone (_____)
 Policy Number _____ USDOT Number _____
 CAT loss? Yes No CAT Number _____

Insured Information

Name _____
 Address _____
 City _____ State _____ Zip _____
 Residence Phone (_____) Cell/Pager (_____)

Contact Information

Name _____
 Address _____
 City _____ State _____ Zip _____
 Business Phone (_____) Cell/Pager (_____)

Accident Information

Date/Time of Accident _____ Previously Reported Yes No
 Under dispatch Yes No
 Location of Accident (Include City and State) _____
 Where were you coming from? _____
 Where were you going? _____
 Was there any deviations from your normal route? _____
 Hauling Cargo? _____
 Type of Cargo? _____
 Were you under the direction of your motor carrier? Yes No
 Has your motor carrier been notified of this loss? Yes No
 Authority Contacted _____ Report Number _____
 Violations/Citations _____ Report Number _____
 Description of Loss (Use remarks section on page three, if necessary)

Collision Deductible _____

	Unit#	Year	Make	Model	Body	VIN	Plate No.	State
Tractor								
Trailer								

Accident Information continued

Owner's Name _____

Address _____

City _____ State _____ Zip _____

Residence Phone (____) _____ Business Phone (____) _____

Driver's Name _____

Address _____

City _____ State _____ Zip _____

Residence Phone (____) _____ Business Phone (____) _____

Relation to Insured (Employee, Family, etc.)	Social Security Number	Date of Birth	CDL License No.	State	Purpose of Use	Used with permission? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe Damage _____

Estimate Amt. _____ Driveable? Yes No Towed? Yes No

Where can vehicle be seen? _____

Where are you taking vehicle for repairs? _____

Referred to Rig Ready? Yes No Considering Rig Ready? Yes No

Referred to Interstar for Towing? Yes No Reference Number _____ 877 881 4869

Referred to Gerber National Glass Service for Windshield? Yes No 800 826 8682

Property Damage (other party)

Describe Property (if auto, year, make, model, plate no.) _____

Other Veh./Property Ins.? Yes No Policy Number _____

Company or Agency Name _____

Owner's Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Phone (____) _____

Drivers's Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Phone (____) _____

Describe damage _____

Estimate _____

Where can vehicle be seen? _____

Where are you taking vehicle for repairs? _____

Injured

Name and Address	Phone	Ped.; Ins. Veh.; Other Veh.	Age	Extent of Injury	Fatality

Do you have an Occupational Accident Policy with us? Yes No Policy Number _____

Witnesses or Passengers

Name and Address	Phone	Ped.; Ins. Veh.; Other Veh.	Age	Extent of Injury	Fatality

Interpreter needed Yes No Language _____

Remarks

Reported by _____

Reported to _____

Date-Time Reported _____