CSS Physical Damage First Report

Date Reporte	ed									Submit b	y Email	
Date of Loss				Type of Loss								
Insured							Phone	:				
Address							Phone	:				
City			State	Zip Code								
Contact												
Driver							Date of B	Birth				
Address							DL # & St	ate				
City			State	Zip Code			Relation	to Insd				
Phone								-				
Tractor						Trailer						
Radius of Use	e			Leasing (Yes	s/No)			Cargo				
Loss Location	n											
Facts of Loss												
Police												
Total Loss (Y	or N)			Salvage				Subrog	ation			
Reserve - Tra	ctor				Re	eserve - Trail	er					
Reserve - Exp	oenses											
Repair Locati	ion											
Address												
City			State	Zip Code								
Phone												
Comments												