

AUTO LOSS REPORT

Franklin Central SU
 P: 802.524.2600
 F: 802.524.1540

School Section

Reporting Location:

Bellows Free Academy UHS #48	FCSU Central Office	
Northwest Technical Center	Fairfield Center School	
St. Albans City School	St. Albans Town Educational Ctr	

Incident:

Date & Time of Accident: ____ / ____ / ____ ____ : ____ AM PM	Location of Accident (include city & state)	Other prop damaged: (guardrails, bldgs)
Authority contacted: Dept/Name:	Description of Accident:	
	Report #	Do you have a copy?

Vehicle:

Make:	Model	Year
Body Type:	VIN#	Plate #
Owners Name, Address and Phone:		
Driver : <input type="checkbox"/> Same as Owner, or Name Address and Phone	Relation to Insured:	Was the vehicle used with permission: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Damage	Do you have any invoices/estimates :	Estimated \$:
Injuries ? : Name/Address/Phone		Medical Care Sought? (where)

Other vehicle involved: (if any)

Make	Model	Plate #
Body Type	VIN#	Year
Owners Name, Address and Phone:	Driver : <input type="checkbox"/> Same as Owner, or Name Address and Phone	Was the vehicle used with permission: <input type="checkbox"/> Yes <input type="checkbox"/> No
Injuries ? : Name/Address/Phone		Medical Care Sought? (where)

Contacts:

Witness: _____ Date: _____

Employer Representative: _____ Date: _____

FCSU Use Only

Reported on: _____ Claim # _____ Adjuster: _____