

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 2 (2011/07)	Automobile Loss Notice	The title of the form. ACORD 2, Automobile Loss Notice, is used to report both commercial and personal lines automobile losses.
IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer/agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone (A/C, No, Ext)	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	FAX	Enter number: The fax number of the producer/agency.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The producer's contact person e-mail address.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g. person) within a producer's office (e.g. agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Insured Location Code	Enter code: The code the policyholder defines that is used to allocate loss experience to cost centers. For example, if a grocery store chain is insured and the entire chain was under one policy, the grocery store chain might choose to allocate the losses for each store. To do this they would provide a store number or store code (something the insured defines) when they report a claim. The insured would include that store number in the "Insured Location Code" field so that the carrier can record the code in their claim system and then the right store is assessed the loss experience.
IDENTIFICATION SECTION	Date of Loss	Enter date: The date that the loss occurred.
IDENTIFICATION SECTION	Time of Loss	Enter time: The approximate time that the loss occurred.
IDENTIFICATION SECTION	AM	Check the box (if applicable): Indicates the loss occurred in the morning.
IDENTIFICATION SECTION	PM	Check the box (if applicable): Indicates the loss occurred in the afternoon or evening.
IDENTIFICATION SECTION	Company	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Policy Type	Enter text: The type of policy issued to the insured (e. g., personal auto, truckers, garage liability, commercial property, builders risk, etc.).
IDENTIFICATION SECTION	Name of Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
INSURED	Date of Birth	Enter date: The date of birth of the insured.
INSURED	FEIN (if applicable)	Enter identifier: The tax identifier of the named insured. As used here, this contains the Federal Employer Identification Number (FEIN), if applicable, for the insured.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Marital Status	Enter code: The insured's marital status. The applicable codes are: <ul style="list-style-type: none"> * S Single * M Married * D Divorced * P Separated * W Widowed * C Domestic Partner (unmarried) * V Civil Union * U Unknown * O Other
IDENTIFICATION SECTION	Primary Phone	Enter number: The named insured's primary phone number.
INSURED	Home	Check the box (if applicable): Indicates the primary phone number is for a home phone.
INSURED	Business	Check the box (if applicable): Indicates the primary phone number is for a business phone.
INSURED	Cell	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
INSURED	Secondary Phone	Enter number: The named insured's secondary phone number.
INSURED	Home	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
INSURED	Business	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
INSURED	Cell	Check the box (if applicable): Indicates the phone number is for a cell phone.
IDENTIFICATION SECTION	Insured's Mailing Address	Enter text: The named insured's mailing address line one. As used here, the mailing address as found on the declarations page of the policy.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address line two.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address postal code.
INSURED	Primary E-Mail Address	Enter text: The named insured's primary e-mail address.

Section Name	Field Name	Field and/or Section Description
INSURED	Secondary E-Mail Address	Enter text: The named insured's secondary e-mail address.
CONTACT	Contact Insured	Check the box (if applicable): Indicates If the individual to contact is the same as the insured, check this box and leave blank the areas for contact name, address and phone numbers.
CONTACT	Contact Name	Enter text: The full name (First, Middle, Last) of the individual to be contacted as a representative of the insured on all subsequent business relating to this incident. No entry is needed if the 'Contact Insured' option is checked.
CONTACT	Primary Phone	Enter number: The loss contact's primary telephone number including area code.
CONTACT	Home	Check the box (if applicable): Indicates the primary phone number is for a home phone.
CONTACT	Business	Check the box (if applicable): Indicates the primary phone number is for a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the primary phone number is for a cell phone.
CONTACT	Secondary Phone	Enter number: The loss contact's secondary telephone number including area code.
CONTACT	Home	Check the box (if applicable): Indicates the secondary phone number is for a home phone.
CONTACT	Business	Check the box (if applicable): Indicates the secondary phone number is for a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the secondary phone number is for a cell phone.
CONTACT	When to Contact	Enter text: The best time of the day to contact this individual (e.g., evenings, days, noon to 3:00 P.M.).
CONTACT	Contact's Mailing Address	Enter text: The loss contact's first address line.
CONTACT		Enter text: The loss contact's second address line.
CONTACT		Enter text: The loss contact's city.
CONTACT		Enter code: The loss contact's state.
CONTACT		Enter code: The loss contact's postal code.
CONTACT	Primary E-Mail Address	Enter text: The loss contact's primary e-mail address.
CONTACT	Secondary E-Mail Address	Enter text: The loss contact's secondary e-mail address.
LOSS	Location of Loss Street	Enter text: The loss location's physical street address.
LOSS	Location of Loss City, State, Zip	Enter text: The loss location's city.
LOSS		Enter code: The loss location's state or province code.
LOSS		Enter code: The loss location's postal code.
LOSS	Location of Loss Country	Enter code: The loss location's country code.

Section Name	Field Name	Field and/or Section Description
LOSS	Describe Location of Loss if not at Specific Street Address	Enter text: The description of the location of loss if not at a specific street address.
LOSS	Police or Fire Department Contacted	Enter text: The name of the municipal, county or other police department, fire department or other authority to which the accident was reported, including any precinct or station number, if available.
LOSS	Report #	Enter identifier: The report number assigned by the authority contacted. For example, the number of the vehicle incident report filed by the police after an automobile accident.
LOSS	Description of Accident	Enter text: An explanation of how the loss occurred. As used here, this is the description of the accident. Attach ACORD 101, Additional Remarks Schedule, if more space is required.
INSURED VEHICLE	Veh. No.	Enter number: The producer assigned vehicle number.
INSURED VEHICLE	Year	Enter year: The model year of the vehicle.
INSURED VEHICLE	Make	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
INSURED VEHICLE	Model	Enter text: The manufacturer's model name for the vehicle.
INSURED VEHICLE	Body Type	Enter code: The body type of the vehicle.
INSURED VEHICLE	V.I.N.	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
INSURED VEHICLE	Plate No.	Enter number: The license plate number.
INSURED VEHICLE	State	Enter code: The state or province in which the vehicle is registered.
INSURED VEHICLE	Owner is insured	Check the box (if applicable): Indicates if the owner of the insured vehicle or aircraft is the same as the named insured.
INSURED VEHICLE	Owner's Name & Address	Enter text: The full name of the individual or business that is the owner of the vehicle or property.
INSURED VEHICLE		Enter text: The first address line of the owner of the vehicle or property.
INSURED VEHICLE		Enter text: The city of the owner of the vehicle or property.
INSURED VEHICLE		Enter code: The state or province code of the owner of the vehicle or property.
INSURED VEHICLE		Enter code: The postal code of the owner of the vehicle or property.
INSURED VEHICLE	Primary Phone	Enter number: The primary phone number for the owner of the vehicle or property.
CONTACT	Home	Check the box (if applicable): Indicates the primary phone number for the owner is a home phone.
CONTACT	Business	Check the box (if applicable): Indicates the primary phone number for the owner is a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the primary phone number for the owner is a cell phone.
CONTACT	Secondary Phone	Enter number: The secondary phone number for the owner of the vehicle or property.

Section Name	Field Name	Field and/or Section Description
CONTACT	Home	Check the box (if applicable): Indicates the secondary phone number for the owner is a home phone.
CONTACT	Business	Check the box (if applicable): Indicates the secondary phone number for the owner is a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the secondary phone number for the owner is a cell phone.
CONTACT	Primary E-Mail Address	Enter text: The primary e-mail address of the owner of the vehicle or property.
CONTACT	Secondary E-Mail Address	Enter text: The secondary e-mail address of the owner of the vehicle or property.
INSURED VEHICLE	Driver is owner	Check the box (if applicable): Indicates if the driver of the insured vehicle is the same as the owner.
INSURED VEHICLE	Driver's Name & Address	Enter text: The driver's first name (given name).
INSURED VEHICLE		Enter text: The driver's middle name or initial (other given name).
INSURED VEHICLE		Enter text: The driver's last name (surname).
INSURED VEHICLE		Enter text: The first address line of the driver.
INSURED VEHICLE		Enter text: The city of the driver.
INSURED VEHICLE		Enter code: The state or province of the driver.
INSURED VEHICLE		Enter code: The postal code of the driver.
CONTACT	Primary Phone	Enter number: The primary phone number of the driver.
CONTACT	Home	Check the box (if applicable): Indicates the primary phone number for the driver is a home phone.
CONTACT	Business	Check the box (if applicable): Indicates the primary phone number for the driver is a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the primary phone number for the driver is a cell phone.
CONTACT	Secondary Phone	Enter number: The secondary phone number for the driver.
CONTACT	Home	Check the box (if applicable): Indicates the secondary phone number for the driver is a home phone.
CONTACT	Business	Check the box (if applicable): Indicates the secondary phone number for the driver is a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the secondary phone number for the driver is a cell phone.
CONTACT	Primary E-Mail Address	Enter text: The primary e-mail address for the driver.
CONTACT	Secondary E-Mail Address	Enter text: The secondary e-mail address of the owner of the vehicle or property.
INSURED VEHICLE	Relation to Insured	Enter code: The relationship of the driver to the named insured. Examples are: I - Insured; S - Spouse; C - Child; SIB - Brother or Sister; P - Parent; E - Employee.
INSURED VEHICLE	Date of Birth	Enter date: The birth date of the driver.

Section Name	Field Name	Field and/or Section Description
INSURED VEHICLE	Driver's License Number	Enter identifier: The driver's license number.
INSURED VEHICLE	State	Enter code: The state in which the driver is licensed.
INSURED VEHICLE	Purpose of Use	Enter text: A short description of the purpose of the trip during which the accident occurred (e.g., trip to store or commuting to work).
INSURED VEHICLE	Used With Permission?	Enter code: Indicates if the driver had permission to use the vehicle.
INSURED VEHICLE	Describe Damage	Enter text: Describe any damage to the vehicle, aircraft or property (e.g., right front fender crushed).
INSURED VEHICLE	Was a standard child passenger restraint system (child seat) installed in the vehicle at the time of the accident?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Was a standard child passenger restraint system (child seat) installed in the vehicle at the time of the accident?".
INSURED VEHICLE	Was the child passenger restraint system (child seat) in use by a child during the time of the accident?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Was the child passenger restraint system (child seat) in use by a child during the time of the accident?".
INSURED VEHICLE	Did the child passenger restraint system (child seat) sustain a loss at the time of the accident?	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Did the child passenger restraint system (child seat) sustain a loss at the time of the accident?".
INSURED VEHICLE	Estimate Amount	Enter amount: An estimate for the cost of repairing the vehicle, aircraft or property.
INSURED VEHICLE	Where Can Vehicle Be Seen?	Enter text: The location where the adjuster can inspect the vehicle, aircraft or property. If other than at the insured's address, include the address.
INSURED VEHICLE	When Can Vehicle Be Seen?	Enter text: The time period the vehicle, aircraft or property is available for inspection.
INSURED VEHICLE	Other Insurance On Vehicle-Carrier	Enter text: The insurer name on any other applicable insurance. As used here, enter "N/A" if none.
INSURED VEHICLE	Other Insurance On Vehicle-Policy Number	Enter identifier: The policy number on any other applicable insurance. As used here, enter "N/A" if none.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
PROPERTY DAMAGED	Non-Vehicle ?	Check the box (if applicable): Indicates the damage is not to a vehicle.
PROPERTY DAMAGED	Veh #	Enter number: The producer assigned vehicle number.
PROPERTY DAMAGED	Year	Enter year: The model year of the vehicle.
PROPERTY DAMAGED	Make	Enter text: The manufacturer of the vehicle (e.g. Ford, Chevy).
PROPERTY DAMAGED	Model	Enter text: The manufacturer's model name for the vehicle.
PROPERTY DAMAGED	Body Type	Enter code: The body type of the vehicle.

Section Name	Field Name	Field and/or Section Description
PROPERTY DAMAGED	V.I.N.	Enter identifier: The vehicle identification number (VIN) or serial number assigned by the manufacturer.
PROPERTY DAMAGED	Plate Number	Enter number: The license plate number.
PROPERTY DAMAGED	State	Enter code: The state or province in which the vehicle is registered.
PROPERTY DAMAGED	Describe Property	Enter text: A brief description of the type of property damaged, such as home or fence.
PROPERTY DAMAGED	Other Veh./Prop. Ins?	Enter code: Indicates if the damaged property, vehicle or aircraft is insured or not.
PROPERTY DAMAGED	Company or Agency Name	Enter text: The insurer name on any other applicable insurance.
IDENTIFICATION SECTION	NAIC Code	Enter code: The NAIC code of the insurance company that issued the policy.
PROPERTY DAMAGED	Policy #	Enter identifier: The policy number on any other applicable insurance. As used here, the policy number for this property (or vehicle) or any other applicable insurance.
PROPERTY DAMAGED	Owners' Name and address	Enter text: The full name of the individual or business that is the owner of the vehicle or property.
PROPERTY DAMAGED		Enter text: The first address line of the owner of the vehicle or property.
PROPERTY DAMAGED		Enter text: The city of the owner of the vehicle or property.
PROPERTY DAMAGED		Enter code: The state or province code of the owner of the vehicle or property.
PROPERTY DAMAGED		Enter code: The postal code of the owner of the vehicle or property.
CONTACT	Primary Phone	Enter number: The primary phone number for the owner of the vehicle or property.
CONTACT	Home	Check the box (if applicable): Indicates the primary phone number for the owner is a home phone.
CONTACT	Business	Check the box (if applicable): Indicates the primary phone number for the owner is a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the primary phone number for the owner is a cell phone.
CONTACT	Secondary Phone	Enter number: The secondary phone number for the owner of the vehicle or property.
CONTACT	Home	Check the box (if applicable): Indicates the secondary phone number for the owner is a home phone.
CONTACT	Business	Check the box (if applicable): Indicates the secondary phone number for the owner is a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the secondary phone number for the owner is a cell phone.
CONTACT	Primary E-Mail Address	Enter text: The primary e-mail address of the owner of the vehicle or property.
CONTACT	Secondary E-Mail Address	Enter text: The secondary e-mail address of the owner of the vehicle or property.
CONTACT	Driver address same as owner	Check the box (if applicable): Indicates if the driver of the insured vehicle is the same as the owner.

Section Name	Field Name	Field and/or Section Description
PROPERTY DAMAGED	Driver's Name & Address	Enter text: The driver's first name (given name).
PROPERTY DAMAGED		Enter text: The driver's middle name or initial (other given name).
PROPERTY DAMAGED		Enter text: The driver's last name (surname).
PROPERTY DAMAGED		Enter text: The first address line of the driver.
PROPERTY DAMAGED		Enter text: The city of the driver.
PROPERTY DAMAGED		Enter code: The state or province of the driver.
PROPERTY DAMAGED		Enter code: The postal code of the driver.
CONTACT	Primary Phone	Enter number: The primary phone number of the driver.
CONTACT	Home	Check the box (if applicable): Indicates the primary phone number for the driver is a home phone.
CONTACT	Business	Check the box (if applicable): Indicates the primary phone number for the driver is a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the primary phone number for the driver is a cell phone.
CONTACT	Secondary Phone	Enter number: The secondary phone number for the driver.
CONTACT	Home	Check the box (if applicable): Indicates the secondary phone number for the driver is a home phone.
CONTACT	Business	Check the box (if applicable): Indicates the secondary phone number for the driver is a business phone.
CONTACT	Cell	Check the box (if applicable): Indicates the secondary phone number for the driver is a cell phone.
CONTACT	Primary E-Mail Address	Enter text: The primary e-mail address for the driver.
CONTACT	Secondary E-Mail Address	Enter text: The secondary e-mail address of the owner of the vehicle or property.
PROPERTY DAMAGED	Describe Damage	Enter text: Describe any damage to the vehicle, aircraft or property (e.g., right front fender crushed).
PROPERTY DAMAGED	Estimate Amount	Enter amount: An estimate for the cost of repairing the vehicle, aircraft or property.
PROPERTY DAMAGED	Where Can Damage Be Seen?	Enter text: The location where the adjuster can inspect the vehicle, aircraft or property. If other than at the insured's address, include the address.
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	Phone	Enter number: The primary phone number of the injured party.
INJURED	PED	Check the box (if applicable): Indicates if the injured party was a pedestrian.

Section Name	Field Name	Field and/or Section Description
INJURED	Ins. Veh.	Check the box (if applicable): Indicates if the injured party was in the insured's vehicle.
INJURED	Other Veh.	Check the box (if applicable): Indicates if the injured party was in a vehicle other than the insured's vehicle.
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	Phone	Enter number: The primary phone number of the injured party.
INJURED	PED	Check the box (if applicable): Indicates if the injured party was a pedestrian.
INJURED	Ins. Veh.	Check the box (if applicable): Indicates if the injured party was in the insured's vehicle.
INJURED	Other Veh.	Check the box (if applicable): Indicates if the injured party was in a vehicle other than the insured's vehicle.
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	Phone	Enter number: The primary phone number of the injured party.
INJURED	PED	Check the box (if applicable): Indicates if the injured party was a pedestrian.
INJURED	Ins. Veh.	Check the box (if applicable): Indicates if the injured party was in the insured's vehicle.
INJURED	Other Veh.	Check the box (if applicable): Indicates if the injured party was in a vehicle other than the insured's vehicle.
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.

Section Name	Field Name	Field and/or Section Description
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
INJURED	Name & Address	Enter text: The name of a person that was injured in the incident or accident.
INJURED		Enter text: The first address line of the injured party.
INJURED		Enter text: The second address line of the injured party.
INJURED		Enter text: The city of the injured party.
INJURED		Enter code: The state or province of the injured party.
INJURED		Enter code: The postal code of the injured party.
INJURED	Phone	Enter number: The primary phone number of the injured party.
INJURED	PED	Check the box (if applicable): Indicates if the injured party was a pedestrian.
INJURED	Ins. Veh.	Check the box (if applicable): Indicates if the injured party was in the insured's vehicle.
INJURED	Other Veh.	Check the box (if applicable): Indicates if the injured party was in a vehicle other than the insured's vehicle.
INJURED	Age	Enter number: The age, at the time of the incident, of the injured party.
INJURED	Extent of Injury	Enter text: A brief description of the injury sustained by the injured party (e.g. broken left leg).
WITNESSES OR PASSENGERS	Name & Address	Enter text: The name of a person that was a witness to the incident or an uninjured passenger.
WITNESSES OR PASSENGERS		Enter text: The first address line of a person that was a witness to the incident.
WITNESSES OR PASSENGERS		Enter text: The second address line of a person that was a witness to the incident.
WITNESSES OR PASSENGERS		Enter text: The city of a person that was a witness to the incident.
WITNESSES OR PASSENGERS		Enter code: The state or province code of a person that was a witness to the incident.
WITNESSES OR PASSENGERS		Enter code: The postal code of a person that was a witness to the incident.
WITNESSES OR PASSENGERS	Phone	Enter number: The primary phone number of a person that was a witness to the incident.
WITNESSES OR PASSENGERS	Ins. Veh.	Check the box (if applicable): Indicates if the witness was in the insured's vehicle at the time of the incident.
WITNESSES OR PASSENGERS	Other Veh.	Check the box (if applicable): Indicates if the witness was in a vehicle other than the insured's at the time of the incident.

Section Name	Field Name	Field and/or Section Description
WITNESSES OR PASSENGERS	Other	Enter text: A description of the location of the witness if the witness was not in the insured's vehicle or aircraft or other involved vehicle or aircraft at the time of the incident.
WITNESSES OR PASSENGERS	Name & Address	Enter text: The name of a person that was a witness to the incident or an uninjured passenger.
WITNESSES OR PASSENGERS		Enter text: The first address line of a person that was a witness to the incident.
WITNESSES OR PASSENGERS		Enter text: The second address line of a person that was a witness to the incident.
WITNESSES OR PASSENGERS		Enter text: The city of a person that was a witness to the incident.
WITNESSES OR PASSENGERS		Enter code: The state or province code of a person that was a witness to the incident.
WITNESSES OR PASSENGERS		Enter code: The postal code of a person that was a witness to the incident.
WITNESSES OR PASSENGERS	Phone	Enter number: The primary phone number of a person that was a witness to the incident.
WITNESSES OR PASSENGERS	Ins. Veh.	Check the box (if applicable): Indicates if the witness was in the insured's vehicle at the time of the incident.
WITNESSES OR PASSENGERS	Other Veh.	Check the box (if applicable): Indicates if the witness was in a vehicle other than the insured's at the time of the incident.
WITNESSES OR PASSENGERS	Other	Enter text: A description of the location of the witness if the witness was not in the insured's vehicle or aircraft or other involved vehicle or aircraft at the time of the incident.
WITNESSES OR PASSENGERS	Name & Address	Enter text: The name of a person that was a witness to the incident or an uninjured passenger.
WITNESSES OR PASSENGERS		Enter text: The first address line of a person that was a witness to the incident.
WITNESSES OR PASSENGERS		Enter text: The second address line of a person that was a witness to the incident.
WITNESSES OR PASSENGERS		Enter text: The city of a person that was a witness to the incident.
WITNESSES OR PASSENGERS		Enter code: The state or province code of a person that was a witness to the incident.
WITNESSES OR PASSENGERS		Enter code: The postal code of a person that was a witness to the incident.

Section Name	Field Name	Field and/or Section Description
WITNESSES OR PASSENGERS	Phone	Enter number: The primary phone number of a person that was a witness to the incident.
WITNESSES OR PASSENGERS	Ins. Veh.	Check the box (if applicable): Indicates if the witness was in the insured's vehicle at the time of the incident.
WITNESSES OR PASSENGERS	Other Veh.	Check the box (if applicable): Indicates if the witness was in a vehicle other than the insured's at the time of the incident.
WITNESSES OR PASSENGERS	Other	Enter text: A description of the location of the witness if the witness was not in the insured's vehicle or aircraft or other involved vehicle or aircraft at the time of the incident.
WITNESSES OR PASSENGERS	Reported By	Enter text: The name of the individual that reported the loss.
WITNESSES OR PASSENGERS	Reported To	Enter text: The name of the individual within the agency or company to whom this loss was reported.
WITNESSES OR PASSENGERS	Remarks (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	Enter text: The automobile loss notice general remarks. Describe any other additional information that will assist in properly reporting and settling this claim. Include the adjuster's name if known. Attach ACORD 101, Additional Remarks Schedule, if more space is required.
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).