



OSD # _____

**LIBERTY LINEHAUL INC.
OVERAGE, SHORTAGE & DAMAGE (OSD) REPORT**

Date Filed: _____ PRO Number: _____ Customer Order/Ship # _____

Driver's Name: _____ Truck Number: _____ Trailer Number: _____

Reported by: _____ Recorded by: _____

Claim Status Initiated/Declined please circle one

| | | | |
|--|---------------------------------------|---|-----------------------|
| <input type="checkbox"/> Overage | <input type="checkbox"/> Full Load | <input type="checkbox"/> Damage to Tractor | Pictures Taken Y or N |
| <input type="checkbox"/> Shortage | <input type="checkbox"/> LTL Shipment | <input type="checkbox"/> Damage to Trailer | Number Taken _____ |
| <input type="checkbox"/> Damage | <input type="checkbox"/> Farmed Out | <input type="checkbox"/> Damage to Property | Number Used _____ |
| <input type="checkbox"/> Transferred at Dock | <input type="checkbox"/> Left on Dock | | Safety e-mailed _____ |

Operations Notified & Who _____

Copy of Bill of Lading attached Copy of Trailer Loading Manifest attached

Other: please explain: _____

Bill to Party: _____ E-Mail _____

Phone Number: _____ Fax Number: _____ Contact: _____

SHIPPER INFO

Shipper: _____

Address: _____

City: _____ Prov/State: _____

Phone Number: _____ Ext _____

Fax Number: _____

Contact: _____

CONSIGNEE INFO

Consignee: _____

Address: _____

City: _____ Prov/State _____

Phone Number _____ Ext _____

Fax Number: _____

Contact: _____

