

# GREYHOUND LINES, INC.

LOSS  DAMAGE  OTHER

## EXPRESS TRACER/CLAIM STATEMENT

*Greyhound Lines, Inc.*  
 Attn: Package Express Department  
 350 N. St. Paul Street • Dallas, Texas 75201  
 Fax: 214.594.3187  
 Email: Greyhound.Expressclaims@greyhound.com

DATE		FILE NO.	
CLAIMANT	NAME		
	ADDRESS		
	CITY-STATE-ZIP		
	EMAIL ADDRESS		

This claim for \$ \_\_\_\_\_ is made against (carrier name): \_\_\_\_\_

If claim is for loss, accurately describe the outside appearance of the container indicating the size, color, type of material, identifying labels, etc. If baggage, describe type, make, material and color (see chart on reverse side of copy no. 3). Description of shipment(s):

---



---



---

BUSBILL	TYPE	NAME OF ISSUING CARRIER		
	<input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> C.O.D.			
NUMBER	DATE ISSUED	DECLARED VALUE	WEIGHT	NUMBER OF PIECES
			LBS.	____ SHIPPED ____ RECEIVED

Name and Address of Shipper \_\_\_\_\_

Name and Address of Consignee (To Whom Shipped) \_\_\_\_\_

List and describe every item in your shipment which has been lost or damaged as indicated below. This list must be complete. **PERSONAL EXPRESS ONLY**

QUANTITY	DESCRIPTION OF ARTICLES (Indicate trade name, type, material, color, and nature and extent loss/damage)	COST TO CLAIMANT	DATE OF PURCHASE	PRESENT DEPRECIATED VALUE
<b>TOTAL</b>				

If more space is needed, attach another sheet.  
 If property is covered by insurance, give the name and address of the Insurance Company: \_\_\_\_\_

**IMPORTANT:** The Original Copy of the Busbill, and any Sales Slips, Invoices, or other verification of the purchase value of articles listed above, must be attached to this Statement.

The foregoing statement of facts is hereby certified to as correct.

Tracing Agent: \_\_\_\_\_

Claimant Signature: \_\_\_\_\_ Date: // //

Date of Tracer:	Date Claim Received:
-----------------	----------------------

Title:	Secondary Phone No:
Phone No:	

# GREYHOUND LINES, INC.

LOSS  DAMAGE  OTHER

## EXPRESS TRACER/CLAIM STATEMENT

*Greyhound Lines, Inc.*

Attn: Package Express Department  
350 N. St. Paul Street • Dallas, Texas 75201

Fax: 214.594.3187

Email: Greyhound.Expressclaims@greyhound.com

DATE		FILE NO.	
CLAIMANT	NAME		
	ADDRESS		
	CITY-STATE-ZIP		
	EMAIL ADDRESS		

This claim for \$ \_\_\_\_\_ is made against (carrier name): \_\_\_\_\_

If claim is for loss, accurately describe the outside appearance of the container indicating the size, color, type of material, identifying labels, etc. If baggage, describe type, make, material and color (see chart on reverse side of copy no. 3). Description of shipment(s):

  
  

BUSBILL	TYPE		NAME OF ISSUING CARRIER			
	<input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> C.O.D.					
	NUMBER	DATE ISSUED	DECLARED VALUE	WEIGHT	NUMBER OF PIECES	
				LBS.	_____ SHIPPED	_____ RECEIVED

Name and Address of Shipper \_\_\_\_\_

Name and Address of Consignee (To Whom Shipped) \_\_\_\_\_

List and describe every item in your shipment which has been lost or damaged as indicated below. This list must be complete.

QUANTITY	DESCRIPTION OF ARTICLES (Indicate trade name, type, material, color, and nature and extent loss/damage)	COST TO CLAIMANT	PERSONAL EXPRESS ONLY	
			DATE OF PURCHASE	PRESENT DEPRECIATED VALUE
<b>TOTAL</b>				

If more space is needed, attach another sheet.  
If property is covered by insurance, give the name and address of the Insurance Company: \_\_\_\_\_

**IMPORTANT:** The Original Copy of the Busbill, and any Sales Slips, Invoices, or other verification of the purchase value of articles listed above, must be attached to this Statement.

The foregoing statement of facts is hereby certified to as correct.

Tracing Agent: \_\_\_\_\_

Claimant Signature: \_\_\_\_\_ Date: // //

Date of Tracer:	Date Claim Received:
-----------------	----------------------

Title: _____
Phone No: _____
Secondary Phone No: _____

# GREYHOUND LINES, INC.

LOSS  DAMAGE  OTHER

## EXPRESS TRACER/CLAIM STATEMENT

*Greyhound Lines, Inc.*  
 Attn: Package Express Department  
 350 N. St. Paul Street • Dallas, Texas 75201

Fax: 214.594.3187

Email: Greyhound.Expressclaims@greyhound.com

This claim for \$ \_\_\_\_\_ is made against (carrier name): \_\_\_\_\_

DATE		FILE NO.
CLAIMANT	NAME	
	ADDRESS	
	CITY-STATE-ZIP	
	EMAIL ADDRESS	

If claim is for loss, accurately describe the outside appearance of the container indicating the size, color, type of material, identifying labels, etc. If baggage, describe type, make, material and color (see chart on reverse side of copy no. 3). Description of shipment(s):

---



---



---

BUSBILL	TYPE <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> C.O.D.		NAME OF ISSUING CARRIER			
	NUMBER	DATE ISSUED	DECLARED VALUE	WEIGHT	NUMBER OF PIECES	
				LBS.	_____ SHIPPED	_____ RECEIVED

Name and Address of Shipper \_\_\_\_\_

Name and Address of Consignee (To Whom Shipped) \_\_\_\_\_

List and describe every item in your shipment which has been lost or damaged as indicated below. This list must be complete.

**PERSONAL EXPRESS ONLY**

QUANTITY	DESCRIPTION OF ARTICLES (Indicate trade name, type, material, color, and nature and extent loss/damage)	COST TO CLAIMANT	DATE OF PURCHASE	PRESENT DEPRECIATED VALUE
<b>TOTAL</b>				

If more space is needed, attach another sheet.  
 If property is covered by insurance, give the name and address of the Insurance Company:

**IMPORTANT:** The Original Copy of the Busbill, and any Sales Slips, Invoices, or other verification of the purchase value of articles listed above, must be attached to this Statement.

The foregoing statement of facts is hereby certified to as correct.

Tracing Agent: \_\_\_\_\_

Claimant Signature: \_\_\_\_\_ Date: // //

Date of Tracer:	Date Claim Received:
-----------------	----------------------

Title:	Secondary Phone No:
Phone No:	

# BAGGAGE/EXPRESS IDENTIFICATION CHART

On the Tracer/Claim statement form refer to the property by the appropriate code number as reflected either in the illustrations or in the column to the right of the illustrations, as applicable. **Caution:** Type numbers are to be assigned to describe the container not the contents, except for bicycles and skis, which, even if in a container, shall be always respectively coded 157 and 153. Additionally, describe the container's color, material and size by using the type codes provided to the extreme right of the chart.

S-M-L Type 5	S-M-L Type 8	Type 21	Type 22	S-M-L Type 23	S-M-L Type 24	Type 25
S-M-L Soft-Sided Type 13	Floral	Type 10	S-M-L Soft Sided Type 12	S-M-L Soft-Sided Type 16	Sport Roll Type 111	Laundry Bag/ Stuff Sack Type 91
Dress and Suit Carrier	"Grasshopper" S-M-L Type 7	Hanger Bag Type 103	Backpack Type 110	Day Pack/Boot Bag Type 113	Military Type/Duffel Bag Type 90	Type 91
Trunk/Footlocker Type 80	Catalog Case Type 17	B-4 Bag Type 104	B-4 Bag Type 104	B-4 Bag Type 104	Attache/Brief Cases Type 70	Camera-Utility Bag Type 114
Tote Bag Type 52	Hat Box Type 40	Type 51	Type 55	Cosmetic/Beauty Case Type 30	Sleeping Bag Bed Roll Type 112	

## TYPE NUMBERS (Property Not Illustrated)

Box - Cardboard	Type No.	Miscellaneous	Type No.
Box - Cardboard	131	Infant Car Seats/Walkers/Strollers	171
Box - Wood, Plastic, Metal	132	Wheeler/Chair	172
Box - Tool	173	Tool Box	173
Box - Shopping	141	Typewriter	174
Bag - Canvas	133	Sewing Machine Case	175
Case - Sample/Display	134	Foot Container	176
Envelope	135	Tires	177
Sporting Equipment	136	Tow Bar	178
Soft Bag	151	Luggage Carrier	180
Soft Bag	152	Others	181
Ski Poles/Boots	153	Microvisions	182
Fishing Poles	154	VCR's	183
Bicycle	155	Microwave Ovens	184
Tennis Racket	156	Stereo Speakers	185
Camping Eqpt.	157	Computer Components	186
All Others	160	Audio Visual	187
		Special Prints	188
		Map Cases	189
		Table Cases	190
		(Cassette & 8 Track)	191
		Fabric Rolls	192
		Buckets/Pails	193
		Auto Parts	200
		Industrial Eqpt.	201
		Medicine Kits	202

## COLOR CHART

Type	Color
(1)	Black
(2)	Flowered
(3)	White
(4)	Red
(5)	Blue
(6)	Green
(7)	Yellow
(8)	Orange
(9)	Plaid
(10)	Silver
(11)	Purple
(12)	Gold
(13)	Pink

Charcoal Gray, Gray  
Cream, Ivory, Silver  
Maroon, Burgundy, Rose  
Beige, Tan, Rust  
Turquoise, Navy, Aqua  
Olive, Kelly  
Any combination of colors in plaid, checked or spotted design  
Aluminum  
Translucent

## PREDOMINANT MATERIAL

Cloth:	(1) Nylon	(3) Molded Plastic
(1)	Tapestry	(4) Metal
(1)	Fabric	(5) Cardboard
(1)	Canvas	(6) Fiberboard
(2)	Genuine Leather	(7) Other (Describe)
(2)	Imitation Leather	
(2)	Vinyl	
(2)	Suede	

## SIZE DIMENSIONS

Indicate whether a bag is Small, Medium or Large from the following dimensions:

- (S) SMALL - Baggage with measurements of less than 20" in length, 16" in height and 10" in width.
- (L) LARGE - Baggage with measurements that exceed 24" in length, 18" in height or 10" in width.
- (M) MEDIUM - Baggage with dimensions between those defined as "Small" and "Large".