



AUTOMOBILE LOSS NOTICE

DEPARTMENT NAME & ACCOUNT NO: _____

DATE OF LOSS ___/___/___

DEPARTMENT UNIT NAME: _____

CONTACT PERSON: _____

BUSINESS PHONE NO: _____

SECTION I: LOSS

Location of Accident _____

Description of Accident _____

ASSIGNED COUNTY VEHICLE NUMBER _____

Name of Driver _____

Business Phone No: _____

Describe Damage _____

Estimated Damage Amount \$ _____

Where can the vehicle be seen? _____

SECTION II: OTHER PARTY'S PROPERTY

(If other property is an auto, write the year, make, model, plate no. in the space provided) _____

Name and Address of Owner _____

Business Phone: _____

Other Driver's Name & Address _____

Business Phone: _____

Describe Damage _____

Estimated Damage Amount \$ _____

Where can the vehicle be seen ? _____

SECTION III: INJURED

Name and Address _____

Phone No: _____

Witnesses or _____

Phone No: _____

Passengers _____

Phone No: _____

(If there are additional witnesses, please list on the back)

Reported By _____

Reported To _____

Signature of Driver _____