

VEHICLE LOSS NOTICE

Important: Use this form to notify Risk Management of single or multiple vehicle accidents, parked and/or unoccupied accidents, acts of vandalism, theft or any other vehicle incidents involving an authorized driver operating a county vehicle.

This form should be sent within 24 hours to Risk Management – Fax# 770-473-5907.

Date & Location	Date of accident: _____ Time of accident: _____ Accident Location: _____ Investigating Law Enforcement Agency: _____ Case#: _____ Were photos taken? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom: _____ <i>If photos of the scene were taken please forward copies to Risk Management.</i>
County Employee	Department/Division: _____ Name of involved employee _____ How was employee involved? <input type="checkbox"/> Driver <input type="checkbox"/> Witness <input type="checkbox"/> Passenger <input type="checkbox"/> Other: _____ Name(s) of other involved employee(s): _____ Was an employee injured? <input type="checkbox"/> Yes <input type="checkbox"/> No Name(s): _____ (Please have every involved employee complete a statement form, page 2.)
County Vehicle	County Vehicle#: _____ Year: _____ Make: _____ Model: _____ Vehicle Identification (VIN): _____ Cause of Accident: <input type="checkbox"/> Collision <input type="checkbox"/> Animal Collision <input type="checkbox"/> Vandalism <input type="checkbox"/> Theft <input type="checkbox"/> Natural Acts* <input type="checkbox"/> Other: _____ Type of Damages to County Vehicle: _____ <i>*Natural Acts are wind, lightning, flood, storms, or any force of nature that no one has control over.</i>
Other Vehicle & Property	If applicable, Other Vehicle: Year: _____ Make: _____ Model: _____ Vehicle Insurance Co. Name: _____ Policy#: _____ If applicable, Property Description: (such as mailbox, fence, etc) _____ Description of Vehicle or Property Damage, if none, please indicate: _____ Owner Name: _____ Telephone: _____ If different, Driver Name: _____ Telephone: _____ Was driver or passenger in other vehicle injured? <input type="checkbox"/> Yes <input type="checkbox"/> No Ambulance called? <input type="checkbox"/> Yes <input type="checkbox"/> No Name(s) of injured: _____ Any witness? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Telephone: _____
	Name of Person notifying Risk Management: _____ Telephone Number: _____ Date: _____
	For Risk Management Use Only: Claim Number: _____ Date Received: _____

