

AUTOMOBILE ACCIDENT OR LOSS NOTICE

Important: Fax all new loss reports to Risk Management at 770-473-3995, to the attention of Naja Freeman-Benefits/Insurance Specialist. You may contact Naja Freeman at 770-473-3955. GAB Robins, Inc. is our Third Party Carrier that handles most of our liability claims. **Do not wait for police report to send loss notice to Risk Management Department.**

| | | | | | | |
|---|--|--------------------------|---|---|-----------------------|--------------|
| INSURED | NAME | | PHONE | | | |
| | Clayton County, Georgia, a political subdivision of the state of Georgia | | 770-473-3955 | | | |
| | ADDRESS | | CITY, STATE, ZIP | | | |
| | 112 Smith Street | | Jonesboro, Georgia 30236 | | | |
| TIME & PLACE | DATE OF ACCIDENT | | TIME | | | |
| | 8/22/03 | | 7:15AM | | | |
| | LOCATION (INCLUDE CITY & STATE) | | | | | |
| | Hudson Bridge & Jodeco Road, Henry County, GA | | | | | |
| | WHICH POLICE DEPARTMENT HANDLED? | | CASE NUMBER | | | |
| | Henry County PD | | 03-025412544A | | | |
| COUNTY OWNED VEHICLE OR PROPERTY | YEAR | MAKE | MODEL | SERIAL NUMBER | VEHICLE NUMBER | |
| | 2002 | Ford | F-150 | V1214512VY112111 | 011 | |
| | DEPARTMENT NAME | | DEPARTMENT NUMBER | DRIVER'S NAME | | |
| | Finance | | 1201 | John Doe | | |
| | DRIVERS PHONE NUMBER | | FOR WHAT PURPOSE WAS VEHICLE BEING USED? | | | |
| | 770-477-3000 | | Delivering pay checks to employees | | | |
| | DAMAGES TO COUNTY VEHICLE | | | | | |
| | Rear Bumper | | | | | |
| | IF NO COUNTY VEHICLE INVOLVED, LIST OTHER COUNTY PROPERTY INVOLVED IN LOSS | | | | | |
| | <i>**For example: Water slide at beach**</i> | | | | | |
| DAMAGE TO PROPERTY OF OTHERS | OWNER | | ADDRESS | | DAYTIME PHONE | |
| | Jane Doe | | 113 Smith Street Jonesboro GA 30222 | | 770-477-2626 | |
| | DRIVER | ADDRESS | | | DAYTIME PHONE | DL# |
| | Same as owner | | | | | A03201023 |
| | DESCRIPTION OF DAMAGED PROPERTY (IF AUTOMOBILE, YEAR, MAKE, MODEL & TAG) | | | | | |
| | 2000 Mercury Sable 4DR | | | | | |
| | DAMAGES | INSURANCE CARRIER | POLICY # | ESTIMATED REPAIR COST | | |
| Front Bumper | Allstate | A1000000000 | \$500.00 | | | |
| PERSONS INJURED | NAME | | ADDRESS | | AGE | |
| | No known injuries | | | | | |
| | DESCRIBE BODILY INJURIES | | | DESCRIBE VEHICLE INJURED PARTY OCCUPYING | | |
| | <i>**For example, if injured list type of injury: broken arm, sore neck, etc**</i> | | | | | |
| WITNESSES | NAME | | ADDRESS | | DAYTIME PHONE | |
| | None | | | | | |
| DETAILS OF ACCIDENT | Driver of insured vehicle rear ended other vehicle while going 5 miles per hour | | | | | |
| | _____ _____ <i>**Be sure to include all pertinent facts regarding the incident**</i> | | | | | |
| PERSON(S) REPORTING ACCIDENT | REPORTED TO CCBBC BY | | | | | |
| | John Doe | | DATE | 8/23/03 | PHONE NUMBER | 770-473-3900 |