



# Automobile Loss Notice

|   |                         |  |                               |  |                            |                  |
|---|-------------------------|--|-------------------------------|--|----------------------------|------------------|
| <b>CITY:</b>  |                         |  | <b>DATE OF ACCIDENT:</b>      |  |                            |                  |
| City Address  | Date City Notified      | Date Notice Sent To MMSC               | Date Report Prepared          |  |                            |                  |
|   | Preparer's Name & Title |  |                               | Previously Reported<br>Yes <input type="checkbox"/> No <input type="checkbox"/>          |                            |                  |
| DEPARTMENT  | City Contact Person     |  | Contact's Phone<br>( ) - ext. |  |                            |                  |
| <b>LOSS</b>   |                         |  |                               |  |                            |                  |
| Location of Accident (include city & state)                                   |                         |  | Time of Loss                  | Police Contacted   |                            |                  |
| Description of Accident   |                         |  |                               |  |                            |                  |
| <b>CITY VEHICLE</b>   |                         |  |                               |  |                            |                  |
| City Driver's Name  |                         | Driver's Job Title                     |                               | Driver's Phone<br>( ) - ext  |                            |                  |
| City Vehicle (Veh #, Year, Make, Model)                                       |                         | V.I.N. (Vehicle Identification Number) |                               | Used With Permission?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>        |                            |                  |
| <b>OTHER PARTY – PROPERTY DAMAGED</b>   |                         |  |                               |  |                            |                  |
| Describe Other Vehicle Damage (Auto: year, make, model)                       |                         |  |                               | Other Vehicle/Property Ins.?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                            |                  |
|   |                         |  |                               | Insurance Co./Agency Name & Policy #   |                            |                  |
| Owner of Other Vehicle Name & Address   |                         |  | Work Phone<br>( ) - ext       |  | Mobile/Home Phone<br>( ) - |                  |
| Other Driver's Name & Address <input type="checkbox"/> Check if same as owner |                         |  | Work Phone<br>( ) - ext       |  | Mobile/Home Phone<br>( ) - |                  |
| <b>OTHER PARTY – BODILY INJURY</b>  |                         |  |                               |  |                            |                  |
| Name & Addresses  | Phone                   | DOB                                    | Oth Vh                        | City Vh  | Ped                        | Extent of Injury |
|   |                         |  |                               |  |                            |                  |
| <b>WITNESSES</b>  |                         |  |                               |  |                            |                  |
| Witness Name & Addresses  |                         |  | Work Phone<br>( ) - ext       |  | Mobile/Home Phone<br>( ) - |                  |
| Witness Name & Addresses  |                         |  | Work Phone<br>( ) - ext       |  | Mobile/Home Phone<br>( ) - |                  |