

**SECTION 1**

PLEASE COMPLETE THIS SECTION FOR ALL CLAIMS

MEMBER ROCKINGHAM COUNTY

DEPARTMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

TIME OF ACCIDENT /INCIDENT \_\_\_\_\_

PREVIOUSLY REPORTED: No

DATE OF PREVIOUS NOTICE \_\_\_\_\_

**SECTION 2**

LOSS (AUTO, SLIP/FALL, FALSE ARREST, DISCRIMINATION, ETC.)

Location of Accident

Authority Contacted:

Violations/Citations

Report #:

**SECTION 3**

MEMBER VEHICLE

Vehicle No., Year, Make, Model

V.I.N. (Vehicle Identification)

Plate No.

Driver's Name &amp; Address

Residence Phone

Business Phone

Relationship to Member

Date of Birth

Driver's License No.

Purpose of Use

Used With Permission?

Describe Damage

Estimate  
Amount

Where Can Vehicle Be Seen?

When?

Other Insurance On Vehicle

**SECTION 4****PROPERTY DAMAGE (NON-MEMBER) GENERAL LIABILITY/AUTO LIABILITY**

Describe Property Damaged (auto or other--be specific)

Other Veh/Prop Ins. Co., or Agency Name &amp; Policy #

Owner's Name &amp; Address

Business Phone

Residence Phone

Other Driver's Name &amp; Address

Business Phone

Residence Phone

Describe Damage in Detail

Estimate  
Amount

Where Can Damage Be Seen?

**SECTION 5****INJURED (GENERAL LIABILITY-AUTO LIABILITY)**

Name &amp; Address

Phone #

PED

Mem.Veh.

Other Veh.

Age

Extent of Injury

**SECTION 6****WITNESS OR PASSENGERS**

Name &amp; Address

Phone #

Mem.Veh.

Other Vehicle

Other (Specify)

**SECTION 7****LOSS OF, OR DAMAGE TO MEMBER PROPERTY (OTHER THAN AUTO)**

Location of Loss

Police or fire department reported to:

Kind of Loss (Fire, Wind, Explosion, etc.)

Probable amount entire loss:

Description of Loss &amp; Damage

THIS NOTICE SUBMITTED BY:

Date:

Web Tracking Number: