

MEDINA COUNTY NOTICE OF LOSS / ACCIDENT

TYPE OF LOSS-		AUTO () PROPERTY ()			
INSURED					
NAME OF MEMBER MEDINA COUNTY COMMISSIONERS		MEMBER CLAIM NUMBER G712116			
MEMBER'S ADDRESS 144 N. BROADWAY MEDINA, OH 44256		CONTACT FINANCE DEPT.	PHONE 330-722-9202		
LOSS					
DATE AND TIME	AM PM	LOCATION			
DESCRIPTION OF LOSS					
MOTOR VEHICLE ACCIDENT*					
MEMBER VEHICLE YEAR, MAKE, MODEL		LICENSE NUMBER	VIN # (Vehicle Identification Number)		
DRIVER'S NAME AND ADDRESS			DEPARTMENT		
DRIVER'S LICENSE NUMBER	DRIVER'S AGE	RESIDENCE PHONE ()	BUSINESS PHONE ()		
DESCRIPTION OF DAMAGE					
			TIME & WHERE VEHICLE CAN BE SEEN	UNIT NUMBER	
PROPERTY DAMAGE					
DESCRIBE PROPERTY (If Auto - Year, Make, Model, Plate No.)			COMPANY OR AGENCY NAME AND POLICY #		
OWNER'S NAME AND ADDRESS		RESIDENCE PHONE ()	BUSINESS PHONE ()		
OTHER DRIVER'S NAME AND ADDRESS (Check if same as owner) <input type="checkbox"/>		RESIDENCE PHONE ()	BUSINESS PHONE ()		
KIND OF LOSS (Flood, Fire, Hail, Etc.)	DESCRIPTION OF DAMAGE				
INJURED					
NAME AND ADDRESS		PHONE	INJURED TAKEN TO:		
WITNESS OR PASSENGERS					
NAME AND ADDRESS		PHONE	INS. VEH.	OTHER VEH.	OTHER (Specify)
POLICE					
POLICE INVESTIGATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	POLICE AGENCY	PARTY CITED	INVESTIGATING OFFICER	REPORT NUMBER	
DATE	REPORTED BY	REPORTED TO	SIGNATURE		