

AUTOMOBILE LOSS REPORT

Use this form to report incidents involving County automobiles.

NAME OF INSURED: WARREN COUNTY

DATE OF ACCIDENT: _____ TIME: _____ LOCATION: _____

COUNTY VEHICLE (YR & MAKE): _____ VIN# _____

PRESENT LOCATION OF VEHICLE: _____

OPERATOR OF COUNTY VEHICLE: _____ PHONE: _____ AGE: _____

OPERATORS ADDRESS: _____

DESCRIPTION OF ACCIDENT: _____

AREA OF DAMAGE ON COUNTY VEHICLE: _____

OTHER VEHICLE

OTHER VEHICLE (YR & MAKE): _____ PLATE #: _____

OWNER(NAME, ADDRESS, PHONE): _____

DRIVER (NAME, ADDRESS, PHONE): _____

OTHER AGENT OR INSURANCE CO (NAME, ADDRESS, PHONE): _____

AREA OF DAMAGE ON OTHER VEHICLE: _____

INJURIES

NAME: _____ AGE: _____ PHONE: _____

ADDRESS: _____

INJURY: _____

NAME: _____ AGE: _____ PHONE: _____

ADDRESS: _____

INJURY: _____

WITNESSES

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

POLICE DEPT: _____ TICKETS ISSUED: _____

OTHER COMMENTS: _____

REPORT COMPLETED BY: _____ DATE: _____

CONTACT PHONE NUMBER: _____

Department supervisor should immediately fax this form to the County Attorney at 761-6377 or email turcottea@warrencountyny.gov and mail the original to the County Attorney. Department should also fax this form to Self-Insurance at 761-6249 or email to warrencountyinsurance@warrencountyny.gov . (If County Employee was injured, see procedure to *report employee injuries* at www.warrencountyny.gov/insurance.)