

## MEDINA COUNTY NOTICE OF LOSS / ACCIDENT

<b>TYPE OF LOSS-</b>					AUTO ( ) PROPERTY ( )				
<b>INSURED</b>									
NAME OF MEMBER <b>MEDINA COUNTY COMMISSIONERS</b>					MEMBER CLAIM NUMBER <b>G712116</b>				
MEMBER'S ADDRESS <b>144 N. BROADWAY MEDINA, OH 44256</b>					CONTACT <b>FINANCE DEPT.</b>			PHONE <b>330-722-9202</b>	
<b>INCIDENT</b>									
DATE AND TIME			<input type="checkbox"/> AM <input type="checkbox"/> PM		LOCATION				
DESCRIBE INCIDENT									
<b>MOTOR VEHICLE ACCIDENT*</b>									
COUNTY 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	
<b>PROPERTY DAMAGE</b>									
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						
<b>INJURED</b>									
NAME AND ADDRESS					PHONE		INJURED TAKEN TO:		
<b>WITNESS OR PASSENGERS</b>									
NAME AND ADDRESS				PHONE		INS. VEH.	OTHER VEH.	OTHER (Specify)	
<b>POLICE</b>									
POLICE INVESTIGATE? YES <input type="checkbox"/> NO <input type="checkbox"/>		POLICE AGENCY		PARTY CITED		INVESTIGATING OFFICER		REPORT NUMBER	
DATE		REPORTED BY		REPORTED TO		SIGNATURE			

\* ATTACH COMPLETED STATE OR LOCAL POLICE REPORT

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