

# 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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