

AUTO LIABILITY CLAIM / INCIDENT REPORT

Note: Use this form (1) to report occurrences involving Member Auto and Claimant Auto, (2) to report any occurrence involving Member Auto and a Pedestrian, and 3) to report any occurrence involving Member Auto and Property Damage of Others.

The following instructions are to assist in the completion of the Member Auto Claim/Incident Report:

- 1. Name of Member:** *Municipality Name*, NOT the person completing form or claimant or department involved in claim / incident.
- 2. Department:** Means *the name of department involved in claim / incident*, NOT the department completing the form.
- 3. Phone Number:** Means *telephone number of the department involved in the claim / incident*, NOT the person or department completing the form.
- 4. Reported By:** Means individual reporting the claim / incident to the Member contact or other person who completed the form.
- 5. Exact Location:** Street address where the claim / incident occurred. It is ok to use a common name like DPW Building.
- 6. Date of Claim/Incident:** Date when the claim / incident occurred.
- 7. Time:** Time of day when the claim incident occurred.
- 8. Date Reported:** The date that the Member was first advised by claimant or sub-department that claim / incident had occurred.
- 9. Other Driver Name:** List name and contact information for person claiming injury or damages. If claimant is a minor (under the age of 18), include name of parent(s) or guardian(s).
- 10. Other Driver's Address:** Provide street or mailing address for other driver.
- 11. Other Driver's Phone #:** Provide other driver's phone number(s).
- 12. Injury to Claimant Driver:** Indicate if Claimant driver is claiming injury.

13. **Claimant Age:** Provide Claimant's age and date of birth.
14. **Claimant's Social Security #:** We ask for claimant's social security number so that we can verify if claimant is Medicare / Medicaid eligible.
15. **Body Part Injured:** Provide the part of body that was injured, example: head, left or right arm, left or right leg, neck, back, knee, foot, etc.
16. **Describe Injury:** Provide description of injury. Example: strain or sprain, contusion or laceration, bruise, fracture, death, etc.
17. **Owner of Other Vehicle:** Provide name and contact information for owner of other vehicle, if owner is different than driver of other vehicle.
18. **Make of Vehicle:** Provide the **Make** of vehicle; example: Ford, Chevrolet, Chrysler, etc.
19. **Model of Vehicle:** Provide the **Model** of vehicle; example: Fusion, Impala, Charger, etc.
20. **Year of Vehicle:** Model **Year** that the vehicle involved was manufactured.
21. **VIN #:** Provide the 17 digit Vehicle Identification Number (**VIN**).
22. **Insurance Company Name:** Provide name of insurance company for other vehicle.
23. **Insurance Company Policy #:** Provide insurance policy number for other vehicle's insurance coverage.
24. **Drivable:** Is the vehicle drivable?
25. **Possible Total Loss:** Is the damage so severe that the vehicle may be a total loss?
26. **Vehicle Location:** Where is the vehicle currently located? Please provide address.
27. **Repair Estimates:** MMRMA generally ask for 2 repair estimates; indicate the estimated cost of repair from both repair shop 1 and repair shop 2.

- 28. Describe Damage:** Describe area of vehicle damaged, examples: front end, rear end, driver's side, passenger side. Claim / incident form provides a vehicle diagram, which might be helpful in describing damage.
- 29. Passenger's Name & Contact Information:** Provide name and contact information for passenger in Claimant's vehicle. If no passenger, mark N/A (not applicable).
- 30. Passenger Injured:** Indicate whether claimant passenger was injured or not.
- 31. Age / Date of Birth:
(Passenger)** Provide claimant passenger's age and date of birth.
- 32. Social Security #:
(Passenger)** We ask for claimant passenger's social security number so that we can verify if claimant is Medicare / Medicaid eligible.
- 33. Body Part Injured:
(Passenger)** Provide the part of body that was injured, example: head, left or right arm, left or right leg, neck, back, knee, foot, etc.
- 34. Description of Injury:
(Passenger)** Provide description of injury, example: strain or sprain, contusion or laceration, bruise, fracture, death, etc.
- 35. Pedestrian's Name & Contact Information:** Provide name and contact information for pedestrian. If no pedestrian, make N/A (not applicable).
- 36. Pedestrian Injured:** Indicate whether claimant pedestrian was injured or not.
- 37. Age / Date of Birth:
(Pedestrian)** Provide claimant pedestrian's age and date of birth.
- 38. Social Security #:
(Pedestrian)** We ask for claimant pedestrian's social security number so that we can verify if claimant is Medicare / Medicaid eligible.

- 39. Body Part Injured:
(Pedestrian)** Provide the part of body that was injured, example: head, left or right arm, left or right leg, neck, back, knee, foot, etc.
- 40. Description of Injury:
(Pedestrian)** Provide description of injury, example: strain or sprain, contusion or laceration, bruise, fracture, death, etc.
- 41. Property Owner's Name &
Contact Information:** Provide name and contact information for owner of other Property. If no other property involved, mark N/A (not applicable).
- 42. Nature of Damage:
(Other Property)** Describe what was damaged, example: building, mailbox, fence, parked car, etc.
- 43. Estimated Damage:
(Other Property)** Provide copy of estimate amount to repair. List dollar amount for repair or replacement.
- 44. Actual Damage Cost:
(Other Property)** Provide copy of repair invoice, if repair is already complete.
- 45. Witness Names / Addresses:** List witness name(s) and contact information for those who saw or have knowledge of how the damage occurred.
- 46. Photographs Taken:** Indicate whether or not photographs were taken and whether or not you have attached the photographs. If at all possible, please try to get photos of the scene of any accident. The sooner the pictures are taken, the more valuable they become because they more accurately show the conditions at the time the accident happened.
- 47. Supporting Documents:** Indicate whether you have any supporting documents as to how the loss occurred or to substantiate the amount of the loss, and whether or not you have attached the supporting documents.

- 48. Police Report:** If the loss was reported to the police, provide the police report number and indicate whether or not you have attached the police report.
- 49. Describe What Happened:** Provide detailed, written description of how the claim / incident occurred. Factual statements, rather than opinions, are preferred when completing this claim form.
- 50. Lawsuit:** Please complete sections A, B, C and D and attach lawsuit to claim form, then submit to MMRMA Claims Office.
- 51. Submitted By:** Name of individual person completing form (generally we ask that the MMRMA Member Representative complete the form).
- 52. Title:** Provide the title of the person completing this form.
- 53. Date:** The date person identified in (51) filled out claim form.

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Note: Use this form (1) to report occurrences involving any occurrence involving a Member Auto and Claimant's Auto, (2) to report any occurrence involving Member Auto and a Pedestrian, and (3) to report any occurrence involving Member's Auto and Property Damage of Others.

(1) Name of MMRMA Member:	(2) Member Department:	(3) Member Department Phone #:	(4) Reported By:
(5) Exact Location of Claim/Incident:	(6) Date of Claim/Incident:	(7) Time of Incident: A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	(8) Date Reported By Department:

OTHER INVOLVED AUTO Claim Notice Only

(9) Other Driver's Name:	(10) Other Driver's Address:	(11) Other Driver's Telephone #: Cell #: Home #: Work #:
(12) Injury to Claimant Driver? Yes <input type="checkbox"/> No <input type="checkbox"/>	(13) Age: / Date of Birth:	(14) Social Security #:
(15) Body Part Injured:	(16) Describe Injury:	
(17) Owner of Other Vehicle Name, Address, Telephone (If Different Than Driver):		
(18) Make of Vehicle:	(19) Model of Vehicle:	
(20) Year of Vehicle:	(21) VIN #:	
(22) Insurance Company Name (Other Vehicle):	(23) Insurance Company Policy # (Other Vehicle):	
(24) Drivable? Yes <input type="checkbox"/> No <input type="checkbox"/>	(25) Possible Total Loss? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(26) Vehicle Location:	(27) Repair Amount: Estimate 1: \$ Estimate 2: \$	
(28) Describe Damage:		

Passenger in Other Vehicle Involved

Yes No

(29) Passenger(s) Name:	Passenger's Address:	Passenger's Telephone #:
(30) Passenger Injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	(31) Age: / Date of Birth:	(32) Social Security #:
(33) Body Part Injured:	(34) Describe Injury:	

Pedestrian Involved

Yes No

(35) Pedestrian's Name:	Pedestrian's Address:	Pedestrian's Telephone #:
(36) Pedestrian Injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	(37) Age: / Date of Birth:	(38) Social Security #:
(39) Body Part Injured:	(40) Describe Injury:	

Other Property Damage

Yes No

(41) Property Owner's Name:	Property Owner's Address:	Property Owner's Telephone #:
(42) Nature of Damage:		
(43) Estimated Damage: \$	(44) Actual Damage Cost: \$	

(45) Name of Witness:	Witness Address:	Witness Telephone #:
1)		
2)		
3)		

(46) Photographs Taken? Yes <input type="checkbox"/> No <input type="checkbox"/>	(47) Other Supporting Documents? Yes <input type="checkbox"/> No <input type="checkbox"/>	(48) Police Report #:
Photographs Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	Supporting Documents Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	Police Report Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>

(49) Please describe in detail how the claim/incident occurred (attach any supporting data):

(50) LAWSUIT	
A. Date of Service:	D. Please List Employees /Officials of Member who are Identified in the Complaint: 1) 6) 2) 7) 3) 8) 4) 9) 5) 10)
B. Method of Service: <input type="checkbox"/> In Person <input type="checkbox"/> Mail	
C. Name of Person Served and Title:	

(51) Submitted By:	(52) Title:	(53) Date:
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