

AUTO CLAIM / INCIDENT REPORT – MEMBER AUTO ONLY

Note: use this form (1) to report occurrences involving Member Auto and (2) to report any occurrence involving Injury to Member Driver or Passenger.

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 department involved in claim / incident*, NOT the name of 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 occurred.
- 9. Owner of Vehicle:** If vehicle is owned by someone other than the public entity, provide name and contact information of vehicle owner.
- 10. Make of Vehicle:** Provide the **Make** of vehicle. Example: Ford, Chevrolet, Chrysler, etc.
- 11. Model of Vehicle:** Provide the **Model** of vehicle. Example: Fusion, Impala, Charger, etc.
- 12. Year of Vehicle:** Model **Year** that the vehicle involved was manufactured.

13. **VIN #:** Provide the 17 digit Vehicle Identification Number (**VIN**).
14. **Drivable:** Is the vehicle drivable?
15. **Possible Total Loss:** Is the damage so severe that the vehicle may be a total loss?
16. **Repair Estimate 1:** MMRMA generally ask for 2 repair estimates; indicate the estimated cost of repair from first repair shop.
17. **Repair Estimate 2:** Indicate the estimated cost of repair from second repair shop.
18. **Vehicle Location:** Where is the vehicle currently located? Please provide address.
19. **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.
20. **Driver's Name & Contact Information:** Provide name and contact information for driver of Member's vehicle.
21. **Driver Injured:** Indicate whether Member driver was injured or not.
22. **Driver Status:** Indicate whether Member driver is an Employee of Member, Volunteer, or Other (like shop mechanic, valet, etc.).
23. **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.
24. **Passenger's Name & Contact Information:** Provide name and contact information for passenger in Member's vehicle. If no passenger, mark N/A (not applicable).
25. **Passenger Injured:** Indicate whether Member passenger was injured or not.
26. **Passenger Status:** Indicate whether Member passenger is an Employee of Member, Volunteer, or Other (like customer, vendor employee, family member, etc.).

- 27. Passenger Body Part Injured:** Identify the part of body that was injured, example: head, left or right arm, left or right leg, neck, back, knee, foot, etc.
- 28. Witness Names / Addresses:** List witness name(s) and contact information for those who saw or have knowledge of how the damage occurred.
- 29. 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 claim / incident happened.
- 30. 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.
- 31. 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.
- 32. Describe What Happened:** Provide detailed, written description of how the claim / incident occurred. Factual statements, rather than opinions, are preferred when completing this claim / incident form.
- 33. Submitted By:** Name of individual person completing form (generally we ask that the MMRMA Member Representative complete the form).
- 34. Title:** Provide the title of the person completing this form.
- 35. Date:** The date person identified in (33) filled out claim form.



AUTO CLAIM / INCIDENT REPORT

Member Auto Only

Note: Use this form (1) to report occurrences involving Member Auto and (2) to report any occurrence involving Injury to Member Driver or Passenger.

(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:

MEMBER'S AUTO PHYSICAL DAMAGE

Claim Notice Only

(9) Owner of Vehicle (if Other Than Member) Name, Address, and Telephone #:		<p>Circle Area of Damage to Member Vehicle</p>
(10) Make of Vehicle:	(11) Model of Vehicle:	
(12) Year of Vehicle:	(13) VIN #:	
(14) Drivable: Yes <input type="checkbox"/> No <input type="checkbox"/>	(15) Possible Total Loss: Yes <input type="checkbox"/> No <input type="checkbox"/>	
(16) Repair Estimate # 1: \$	(17) Repair Estimate # 2: \$	
(18) Vehicle Location:	(19) Describe Damage:	

Member Driver Information

(20) Driver's Name:	Driver's Address:	Driver's Telephone: Cell #: Home #: Work #:
(21) Injury to Driver? Yes <input type="checkbox"/> No <input type="checkbox"/>	(22) Is Driver? Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/>	
(23) Body Part Injured:		

Passenger In Member Vehicle

(24) Passenger's Name:	Passenger's Address:	Passenger's Telephone: Cell #: Home #: Work #:
(25) Passenger Injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	(26) Is Passenger? Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/>	
(27) Part of Body Injured:		

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

(29) Photographs Taken? Yes <input type="checkbox"/> No <input type="checkbox"/> Photographs Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	(30) Other Supporting Documents? Yes <input type="checkbox"/> No <input type="checkbox"/> Supporting Documents Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	(31) Police Report #: Police Report Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>
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(32) Please describe in detail how the claim/incident occurred (attach any supporting data):		
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(33) Submitted By:	(34) Title:	(35) Date:
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