



TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

1-800-456-5974 / 512-478-8753 / 512-615-8942 *fax*

AUTOMOBILE PHYSICAL DAMAGE & AUTO LIABILITY CLAIM LOSS REPORT

Please indicate type of claim:

Making Auto Physical Damage Claim

Making Auto Liability Claim

**Incident Report Only
(No claim at this time)**

| | |
|---|---------------------------|
| Entity No.: MEMBER Address: City/State/Zip: | Date of Incident: |
| | Date Reported: |
| | Reported By: |
| | Contact Name: |
| | Contact phone NO.: |
| | E-MAIL: |

| |
|---------------------------------|
| Description of Incident: |
| |
| |

| | |
|--|-------------------|
| Member Vehicle Description: (Year; Make; Model) | |
| Vehicle Identification Number: (full 17-digit VIN) | |
| Describe Damage: | Drivable? |
| Where is Vehicle Located? | Estimates? |

| | |
|-----------------------|----------------------|
| Member Driver: | Department: |
| Contact Info: | Contact Info: |

| | |
|--|------------------------------|
| Claimant or Other Involved: | Phone / Contact Info: |
| Address: | |
| City/State/Zip | |
| Claimant 's Vehicle or Other Property | |
| Other Information: | |