

**Williamson County Government
Risk Management Division
Vehicle Loss Notice**

Contact Information: Williamson County Risk Management
1320 West Main Street, Suite 108
Franklin, Tennessee 37064
Telephone: (615) 790-5466 Fax: (615) 591-8519

Claim # _____
Risk Management Use Only

Loss Information: Department _____ Date of Accident/Time of Day _____

Accident Location (incl. city/state) _____ Reason at Location _____

Authority Contacted _____ Report # _____ Violations/Citations _____

Witness or Passenger (Name) _____ Telephone # () _____
(If there are additional witnesses please list the above information for them on the reverse of this form)

Accident Description (if vehicle accident please complete diagram on reverse side of Vehicle Loss Notice)

County Vehicle: Vehicle # _____ Tag # _____ Make _____ Model _____ Year _____ Operator _____

Describe Damage _____

Other Vehicle(s) Involved: (If more than one additional vehicle involved please list information on the reverse side of this form)

Vehicle # 2 Make _____ Model _____ Year _____ Operator _____

Vehicle Owner/Home Address & Telephone _____ () _____

Insurance Carrier/Agency/Telephone # _____ () _____

Description of Damage _____

Injured Name _____ Address _____ City/State/Zip _____

Transported to Hospital? Yes No Hospital Name _____ Refused Treatment Yes No

Name _____ Address _____ City _____ State/Zip _____

Transported to Hospital? Yes No Hospital Name _____ Refused Treatment Yes No

Property Damage Location of Incident _____

Description of Item(s) Damaged or Stolen _____

Property Owner _____ Address _____ City/State/Zip _____

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against Williamson County Government or its Excess Insurance Carrier, submits an application or files a claim report which contains a false or deceptive statement is guilty of insurance fraud and will be prosecuted to the fullest extent of the law.

Report Date _____ 20 _____ Reported By _____