



# 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.:  <b>MEMBER</b>  Address:  City/State/Zip:	<b>Date of Incident:</b>
	<b>Date Reported:</b>
	<b>Reported By:</b>
	<b>Contact Name:</b>
	<b>Contact phone NO.:</b>
	<b>E-MAIL:</b>

<b>Description of Incident:</b>

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

<b>Member Driver:</b>	<b>Department:</b>
<b>Contact Info:</b>	<b>Contact Info:</b>

<b>Claimant or Other Involved:</b>	<b>Phone / Contact Info:</b>
<b>Address:</b>	
<b>City/State/Zip</b>	
<b>Claimant 's Vehicle or Other Property</b>	
<b>Other Information:</b>	