

CURRITUCK COUNTY
AUTO LIABILITY

email to: d.leary@currituckcountync.gov

Incident Information:

Name of Storm: _____
Date Occurred: _____ Time: _____
Employer Notified (date): _____
Location of Incident (address): _____
Person Reporting Loss: _____
Phone Number of Person Reporting: _____
Weather Conditions: _____
Road Conditions: _____
Incident Description:

Authorities:

Name of Authority: _____
Report Filed? _____
Report Number: _____

County Involved Parties:

Driver's Name: _____
Address: _____
Work Phone: _____
Home Phone: _____
DOB: _____
SSN: _____
Driver's License #: _____
License State: _____

Passenger Information:

Name: _____
Address: _____
Phone: _____
Injured: _____
Type of Injury: _____
Seeking Treatment: _____
Where: _____
Phone: _____

Injury Description: _____
Body Part Injured: _____
Medical Treatment: _____
Medical Provider Name/Phone: _____
Admitted to Hospital: _____
Hospital Name/ Phone: _____

Third Party:

Driver's Name: _____ Phone: _____
Address: _____
Injury Description: _____

Medical Treatment Sought/Where/Time and Date: _____

County Vehicle:

Type: _____

Year: _____

Make: _____

Body Type: _____

Tag: _____

State: _____

VIN: _____

Asset #: _____

Is the Vehicle Drivable: _____

Damage Description:

Third Party Vehicle:

Type: _____

Location of vehicle: _____

Year: _____

Owner Same as Driver: _____

Make: _____

Owner's Name: _____

Body Type: _____

Address: _____

Tag: _____

Phone: _____

State: _____

VIN: _____

Is the Vehicle Drivable: _____

Damage Description:

Witnesses:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Additional Notes:

Signature:
