

# NOTICE OF LOSS/ACCIDENT

<b>TYPE OF LOSS</b>		<b>AUTO</b>	<b>LIABILITY</b>	<b>PROPERTY</b>			
<b>INSURED</b>		<b>Nye County School District</b>					
<b>P. O. Box 113</b>	CLAIM NUMBER						
<b>Tonopah, NV 89049</b>	PERSON TO CONTACT Raymond Ritchie		PHONE 775-727-7743 ext. 234				
<b>LOSS</b>							
DATE AND TIME		AM PM	LOCATION				
DESCRIPTION OF LOSS							
<b>MOTOR VEHICLE ACCIDENT</b>							
MEMBER VEHICLE YEAR, MAKE MODEL		LICENSE NUMBER	VIN (VEHICLE IDENTIFICATION #)				
DRIVER'S NAME AND ADDRESS			DEPARTMENT				
DRIVER'S LICENSE NUMBER		DRIVERS AGE	RESIDENCE PHONE ( )	BUSINESS PHONE ( )			
DESCRIPTION OF DAMAGE		WHERE VEHICLE CAN BE SEEN		UNIT NUMBER			
<b>PROPERTY DAMAGE</b>							
DESCRIBE PROPERTY (IF AUTO – YEAR, MAKE, MODEL, PLATE #)			COMPANY, AGENCY AND POLICY #				
DRIVER'S NAME & ADDRESS – INDICATE "SAME" IF SAME AS OWNER			RESIDENCE PHONE ( )	BUSINESS PHONE ( )			
DESCRIBE DAMAGE	ESTIMATE AMOUNT \$	WHERE PROPERTY CAN BE SEEN		FIRE, HAIL, ETC.			
<b>INJURED</b>							
NAME AND ADDRESS	PHONE	PED	INS VEH	OTHER VEH	AGE	HOSPITAL & DOCTOR	DESCRIBE INJURY
<b>WITNESSES OR PASSENGERS</b>							
NAME AND ADDRESS		PHONE	INS VEH	OTHER VEH	OTHER (SPECIFY)		
<b>POLICE</b>							
POLICE INVESTIGATE YES <input type="checkbox"/> NO <input type="checkbox"/>	POLICE AGENCY	CHARGES?		INVESTIGATING OFFICER	REPORT NUMBER		
<b>LIABILITY</b>							
ALLEGED OFFENSE				OFFICIALS INVOLVED			
CLAIMANT – NAME AND ADDRESS				RESIDENCE PHONE ( )	BUSINESS PHONE ( )		
<b>REMARKS</b>							
DATE	REPORTED BY	REPORTED TO		SIGNATURE			