



**AAC RISK MANAGEMENT SERVICES**

1415 West Third Street

Little Rock, AR 72201

Phone: 501.375.8805

Fax: 501.375.8671

www.arcountries.org

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## VEHICLE LOSS NOTICE

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<b>Contact Name:</b>	<b>County/VFD Name:</b>
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<b>Email:</b>	<b>Phone:</b>	<b>Title:</b>
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**ACCIDENT/INCIDENT INFORMATION**

<b>Date of Loss:</b>	<b>Location of accident (street, city, etc)</b>
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<b>Police Dept:</b>	<b>Report Number:</b>
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**COUNTY VEHICLE INFORMATION**

<b>Year/Make/Model</b>	<b>Last 4 of VIN</b>
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<b>Current Location of County Vehicle:</b>	<b>County Driver Name/Address/Phone Number:</b>
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<b>Description of Damage:</b>	<b>Drivable</b> <input type="checkbox"/>	<b>Not Drivable</b> <input type="checkbox"/>
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**CLAIMANT VEHICLE INFORMATION**

<b>Year/Make/Model</b>	<b>Last 4 of VIN</b>
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<b>Vehicle Driver Name:</b>	<b>Address, Phone Number:</b>
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<b>Vehicle Owner Name: (if Different)</b>	<b>Address, Phone Number:</b>
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<b>Description of Damage:</b>	<b>Drivable</b> <input type="checkbox"/>	<b>Not Drivable</b> <input type="checkbox"/>	<b>Towed</b> <input type="checkbox"/>
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<b>Location of Claimant Vehicle:</b>
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**ACCIDENT DESCRIPTION**


<b>Citations Issued: Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Witnesses: Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Passengers: Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
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<b>Witness Names and Phone Numbers:</b>	<b>Passenger Names and Phone Numbers:</b>
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<b>Description of Property Damaged (other than Auto)</b>	<b>Owners Name/Address/Phone</b>
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<b>Any Injuries:</b>	
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<b>Signature/Title/Phone Number:</b>	<b>Date Submitted:</b>
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Please fill out this form to report a new auto claim to AAC Risk Management Services and fax to 501.375.8671 as soon as possible after receiving notification of an incident. Please follow up this initial report with actual police report, if applicable. Any questions, please contact our office.