



EMPLOYEE NOTICE OF LOSS/ACCIDENT

TYPE OF LOSS	AUTO	LIABILITY	PROPERTY
---------------------	-------------	------------------	-----------------

INSURED

	CLAIM NUMBER	
	PERSON TO CONTACT	PHONE

LOSS

DATE AND TIME AM PM	LOCATION
DESCRIPTION OF LOSS	

MOTOR VEHICLE ACCIDENT

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

PROPERTY DAMAGE

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.

INJURED

NAME AND ADDRESS	PHONE	PED	INS VEH	OTHER VEH	AGE	HOSPITAL & DOCTOR	DESCRIBE INJURY

WITNESSES OR PASSENGERS

NAME AND ADDRESS	PHONE	INS VEH	OTHER VEH	OTHER (SPECIFY)

POLICE

POLICE INVESTIGATE YES <input type="checkbox"/> NO <input type="checkbox"/>	POLICE AGENCY	CHARGES?	INVESTIGATING OFFICER	REPORT NUMBER
--	---------------	----------	-----------------------	---------------

LIABILITY

ALEGED OFFENSE	OFFICIALS INVOLVED
CLAIMANT – NAME AND ADDRESS	RESIDENCE PHONE ()
	BUSINESS PHONE ()

REMARKS

DATE	REPORTED BY	REPORTED TO	SIGNATURE
------	-------------	-------------	-----------

**This form is to be completed as soon as practical and forwarded to supervisor within 24 hours.
If incident involves serious injury, Department Head is to be contacted immediately.**



City of Mesquite
Addendum to Employee Report
Property Damage, Loss, Theft or Injury

Actions of Operator that may have Contributed to Occurrence: _____

Actions of Operator that may have Prevented Occurrence: _____

Instructions to Operator that may help Avoid a Reoccurrence: _____

Does a Policy or procedure exist covering this experience? Yes / No

Recommendations for a Policy or procedure _____

Equipment/Property: _____ Claim \$ _____ Source: _____

Owner: _____

Address: _____

Phone: _____

Signature of Dept. Head: _____ Date: _____

(This form must be completed as soon as practical, but no later than 24 hours. A copy must be submitted to Personnel Department.)