AUTO LIABILITY

Telephone: 704-336-3301
FAX: 704-336-7548

Name:_____ _____ _____
First Middle Last

Address: _____

City_____ State _____ Zip Code_____

Phone No.: Daytime:_____ Home:_____

Exact Location of Accident: (include street no. and landmarks and direction of travel):_____

_____

_____

Accident Date:_____ Time of Day: _____ A.M. P.M.

Weather at time of incident: Rainy Clear Dry Icy Windy

What happened: _____

_____

_____

Was anyone injured? Yes □ No □ Describe injuries_____

_____

Describe your vehicle: Year: _____Make:_____ Model:_____

Tag No.: _____Type of Vehicle: _____

Location of damage: _____

Estimated amount or estimate attached _____

Describe (circle one): City, County, or Board of Education, Other vehicle

Year: _____ Make: _____ Model: _____

Tag No: _____ Unit No. _____ Type of vehicle: _____

Location of damage: _____

Police Complaint No. _____

I acknowledge that the above information is true and correct.

Signature: _____ Date: _____

Return To:

Risk Management Division
Cameron-Brown Building, Suite 1100
301 South McDowell Street
Charlotte, NC 28204-2640