



CURRITUCK COUNTY AUTOMOBILE DAMAGE/LOSS/LIABILITY

INCIDENT INFORMATION

Incident Date/Time:
Supervisor Notified (Date):
Location of Incident (Address):
Person/Department Reporting Incident:
Phone Number:
Responding Law Enforcement Agency:
Name, Badge Number, Phone Number of Law Enforcement Officer:
Report Number:
Weather Conditions:
Road Conditions:
Incident Description:

COUNTY INVOLVED PARTIES

Driver's Name:	Passenger(s) Name(s):
Driver License #, State, Expiration:	
Phone Number:	Phone Number(s):
Address:	Addresses:
Injury:	Injury:
Medical Treatment/Location:	Medical Treatment/Location:
Medical Provider Name/Phone:	Medical Provider Name/Phone:
Hospital Name/Phone:	Hospital Name/Phone:

COUNTY VEHICLE INFORMATION

Year:
Make:
Model:
Body Type:
Tag:
State:
VIN:
Is the vehicle drivable? If no, location towed to? Company used? (e.g. Lantz's, Seto's)
Damage Description:

THIRD PARTY INFORMATION

Driver's Name: Owner's Name (if other than driver):	Passenger(s) Name(s):
Driver License #, State, Expiration:	
Phone Number:	Phone Number(s):
Address:	Addresses:
Injury:	Injury:
Medical Treatment/Location:	Medical Treatment/Location:
Medical Provider Name/Phone:	Medical Provider Name/Phone:
Hospital Name/Phone:	Hospital Name/Phone:

THIRD PARTY VEHICLE

Year:	
Make:	
Model:	
Body Type:	
Tag:	
State:	
VIN:	
Is the vehicle drivable? If no, location towed to?	
Damage Description:	
Insurance Company/Policy #	

WITNESSES

Name:	
Address:	
Phone:	
Name:	
Address:	
Phone:	

ADDITIONAL NOTES

Signature: _____

TAKE PHOTOGRAPHS OF ALL DAMAGE and email with completed form to:

Melissa.Futrell@currituckcountync.gov