

**CITY OF ALLIANCE, OHIO
504 EAST MAIN STREET
ALLIANCE, OHIO 44601
330-821-3110**

ACCIDENT / CLAIM REPORT
(Please Print or Type)

Name of Person Making Report _____

Address: _____

Telephone No.: _____

Date of Loss: _____

Owner of Vehicle: _____

Year of Vehicle _____

Make: _____ Type: _____

Is Vehicle Insured? _____

Name of Company or Agent: _____

Description of Accident or Event:

Please describe injury and/or damages:

Name and address of any passengers in vehicle:

Please attach copies of all medical bills, and/or other proof of losses. Submit two (2) estimates for the repair of damages. List any payments made on above by insurance companies.

Please return completed report and attachments to the Office of the Safety Service Director, 504 East Main Street, Alliance, Ohio 44601-2415.

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE.

DATE: _____

NAME: _____