



The City of

Alliance, OHIO, 44601-2415

"The Carnation City"

504 EAST MAIN STREET

Mayor's Office: 330-821-3110
Planning and Development: 330-829-2235
Fax: 330-821-9362

ACCIDENT / CLAIM REPORT

(Please print or type)

Name of person filing report: _____

Address: _____ Telephone: _____

Date of Loss: _____ Name of insurance company or agent: _____

Was a claim filed with your insurance company? Yes _____ No _____ If so, please attach response

Description of accident or event: _____

Please describe injury and/or damages: _____

If claim involves a motor vehicle, please complete the following:

Owner of Vehicle: _____ Year of vehicle: _____

Make: _____ Model: _____ Is vehicle insured? Yes _____ No _____

Please provide names and addresses 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 any damages. Attach additional pages to this form, if necessary, to answer the above questions. List any payments made by any insurance companies. Return completed form and attachments to the Safety-Service Director, 504 E. Main Street, Alliance, OH 44601.

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE

NAME: _____ DATE: _____