

**NEW MEXICO ASSOCIATION OF COUNTIES
MULTI-LINE DEPARTMENT
NOTICE OF CLAIM**

COUNTY _____ AGENCY INVOLVED: _____

County Contact: _____ Phone Number: _____

CLAIM TYPE

____ AU: Auto – 1st party ____ PR: Property – 1st party ____ Record Only
____ AU: Auto – 3rd party ____ GL: General Liability (3rd party)
____ LE: Law Enforcement ____ CR: Civil Rights (employment)
____ IJ: Injunctive Relief ____ LU: Land Use

DATE OF LOSS/INJURY: _____ DATE TCN FILED: _____

POLICE REPORT: Yes ____ No ____ REPORT #: _____
(PLEASE FORWARD POLICE REPORT AND ANY PICTURES)

INJURY: Yes ____ No ____ INJURY DESCRIPTION: _____

BRIEFLY DESCRIBE LOSS/INCIDENT: _____

1ST PARTY AUTO (COUNTY):

Employee Involved in Incident Information:

Vehicle Information:

Name: _____
Date of Birth: _____
Social Security Number: _____
Occupation/Title: _____
Status of Employment: _____
Employee Phone Number: _____
Drivers License Number: _____

Year: _____
Make: _____
Model: _____
License Plate #: _____
VIN #: _____

1ST PARTY PROPERTY (COUNTY):

Location (name of building): _____
Physical Address: _____
Action Taken by County: _____

3RD PARTY CLAIM (CLAIMANT): (AU, GL, LE, CR, IJ, LU)

X-REFERENCE WITH 1st PARTY AUTO CLAIM # _____

Claimant Information:

Vehicle Information:

Name: _____
Address: _____
City, State, Zip: _____
Phone(s): _____
E-mail: _____
Insurance Carrier & Policy Number: _____
Attorney Information : _____

Year: _____
Make: _____
Model: _____
License Plate #: _____
VIN #: _____

Submitted by: _____ Date Submitted: _____

List of Attachments: _____