Shannon Hutchins
Director

Carter Lemmerman
Deputy Director

County of Forsyth

Human Resources Department

Auto Liability Claim Against Forsyth County

Claimant Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Business Telephone _____ Cell Phone _____

E-mail Address: _____

If claim involves a vehicle, Year: _____ Make: _____ Model: _____

License Plate Number: _____ Driver's License Number: _____ State:_____

At time of accident, were you (check all that apply):   Owner _____   Driver ____   Passenger ____   N/A _____

Name and address of owner if different from claimant: _____

_____

Phone number of Driver: _____ Date of Birth of Driver: _____

Names / addresses / phone #s of all occupants of vehicle at the time of the incident: _____

_____

_____

_____

Insurance: What company insures the damaged vehicle? _____

Policy Number: _____ Claim Number: _____

Name and address of your insurance agent or adjuster: _____

_____

Type of Coverage: _____

Occurrence or event from which the claim arises: Date of incident: _____

Exact location (including nearest cross-streets): _____

_____

Were you injured? Yes _____ No _____ Was anyone else injured? Yes _____ No _____

Nature and extent of any injuries (If there was no injury, please state "No Injuries"): _____

_____

_____

_____

If you were injured, name / phone / address of your treating doctor: _____

_____

_____

Names / Addresses / Phone Numbers of any witnesses to the incident: _____

_____

_____

Damages Claimed: Amount claimed as of this date: _____

Estimated Amount of Future Costs: _____ Total Amount Claimed: _____

Description of Incident: What happened? Give a full account, including the speed of each car and the direction each car was traveling.

_____

_____

_____

_____

_____

I certify that the above facts are true and accurate to the best of my knowledge.

_____

Claimant Print Name

_____

Claimant Signature

_____

Date

A claim must be filed with **Forsyth County Risk Management Division as soon as possible.** Normal business hours: Monday through Friday, 8:00am to 5:00pm. Closed on official holidays.   Claims received during regular business hours will be recorded on the date received. Mailed, emailed or hand-delivered claims received after business hours will be recorded on the next working day. **Please be sure** *your claim is against* **Forsyth County**, and not another public entity. Where space is insufficient, please use additional paper and identify information by section number and letter.

Completed forms may be mailed, emailed, or hand-delivered to: Risk Management, 201 North Chestnut Street, Winston-Salem, NC 27101 Phone: 336-703-2400, Email: riskmanagement@forsyth.cc