The Coshocton County

Safety Department

401 ½ Main Street, Coshocton, OH 43812

Phone (740) 295-7353 (740) 202-0989 Fax (740) 622-4917

Email New Claims to:

brookealverson@coshoctoncounty.net

TYPE OF LOSS: AUTO ()	LIABILITY	()	PROP	ERTY ()			
PROPERTY CLAIM:									
DEPARTMENT	DEPARTMENT ADDRESS								
CONTACT PERSON	PHOI	NE		DATE/TIME LOSS					
LOCATION	WITNESSES/CONTACT#								
DESCRIPTION OF ITEMS DAMAGED:									
WILL REQUIRE COST OF REPLACEMENT FOR EQUIPMENT OR QUOTE FOR REPAIR									
DESCRIPTION OF HOW LOSS OCCURED:									
AUTO CLAIMS:									
COUNTY VEHICLE, MAKE, MODEL	LICEN	ISE NUMBE		VNED? YES()					
			NO ()						
DRIVER'S NAME AND ADDRESS									
DRIVER'S LICENSE NUMBER				RESID	IDENCE		BUSINESS		
		PRO			E		PHONE		
DESCRIPTION OF DAMAGE		WHERE VEHICLE CAN BE			BE	E ESTIMATE AMOUNT			
OTHER VEHICLE:		JLLIN							
YEAR, MAKE, MODEL, LICENSE PLATE NUMBER				INS. COMPANY OR AGENCY NAME AND POLICY #					
NUMBER POLICY#									
OWNER'S NAME AND ADDRESS			RESIDENCE PHONE			BUSINESS PHONE			
				FIUNE					
DRIVER'S NAME AND ADDRESS (check if			RESIDENCE			BUSINESS PHONE			
same as owner)		PHONE							

DESCRIBE DAMAG	GE .	ESTIMATE \$			WHI	ERE	CAN	TY BE SEEN?								
INJURED:																
NAME AND ADDRESS	PHONE	PED.	PED. INS.V		OTHE VEH		AGE	HOSPI DOC		INJURY						
WITNESSES OR PA	 ASSENGER	S:														
NAME AND ADDRI	ESS	PHON		E		INS. VEH.				THER PECIFY)						
POLICE:	r = = = = =															
POLICE INVESTIGATE? YES() NO()	POLICI AGENC		PAR	TY CIT				STIGATIN FFICER	G	Report:						
LIABILITY CLAIMS: (GENERAL LIABILITY, ETC.) CLAIMANT – NAME AND ADDRESS ADDITIONAL PARTIES – NAME AND				POLICE LIABILITY, ERRO RESIDENCE PHONE RESIDENCE PHONE				BUSI	BUSINESS PHONE BUSINESS PHONE							
ADDRESS																
REMARKS				•												
DATE	REPORTED BY			REPORTED TO				PHOI	PHONE NUMBER							
ADDITIONAL IN	IFORMAT	ION :														
GADDWY D	10E 03															
SAFETY DEPT. U	JSE ONLY					.										
CLAIM RCVD:				AGENT DATE:												
CORSA ADJ:					CORSA CLAIM #:											
TOTAL DAMAGES PD:			$\perp D$	TFC	$\Gamma \cap C$	HD			DATE CLOSED:							