

Shannon Hutchins
Director



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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