



VILLAGE OF NEWBERRY VEHICLE INCIDENT/DAMAGE REPORT



This report is for informational and investigational purposes only. It is not intended to accept any responsibility or liability by the Village of Newberry and any responsibility is hereby disclaimed unless the Village Council for the Village of Newberry formally accepts responsibility in writing.

In order to make a claim for damages or physical injury arising, this form must be completed within 45 days of the event, failure to provide proper notice will bar your claim.

Please complete the following information. Please print.

(1) Owner's Name:		(2) Owner's Address:		(3) Owner's Telephone #:	
(4) Date of Discovery of Incident/Damage			(5) Location address of vehicle when Incident/Damage Occurred, if different from Owner's Address.		
(6) Make of Vehicle:		(7) Model of Vehicle:			
(8) Year of Vehicle:		(9) VIN #:			
(10) Insurance Company Name:		(11) Insurance Company Policy #:			
(12) Drivable? Yes No		(13) Possible Total Loss? Yes No			
(14) Vehicle Location:		(15) Repair Amount: Estimate 1: \$ Estimate 2: \$			

(16) Describe Damage:

WAS VEHICLE BEING DRIVEN WHEN INCIDENT OCCURED?

Yes No (If No, proceed to section 33)

(17) Driver's Name (If Different Than Owner):		(18) Driver's Address (if Different Than Owner):		(19) Driver's Telephone # (If Different Than Owner): Cell #: Home #: Work #:	
(20) Injury to Claimant Driver? Yes No		(21) Age: / Date of Birth:		(22) Social Security #:	
(23) Body Part Injured:			(24) Describe Injury:		

PASSENGER IN VEHICLE INVOLVED?

Yes No (If No, proceed to section 33)

(25) Passenger(s) Name:		(26) Passenger's Address:		(27) Passenger's Telephone #:	
(28) Passenger Injured? Yes No		(29) Age: / Date of Birth:		(30) Social Security #:	
(31) Body Part Injured:			(32) Describe Injury:		

WITNESS INFORMATION

(33) Name of Witness:		Witness Address:		Witness Telephone #:	
1)					
2)					

PHOTOGRAPHS/SUPPORTING DOCUMENTS/POLICE REPORT

(34) Photographs Taken? YES NO Photographs Attached? YES NO		(35) Other Supporting Documents? YES NO Supporting Documents Attached? YES NO		(36) Police Report #: YES NO Police Report Attached? Yes No	
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(37) Claims must first be submitted to Claimant's insurance provider. Claimant insurance claim response documentation must be submitted with this claim form. Claimant must submit supporting documentation for estimated/actual costs.

Claimant's signature: _____

FOR VILLAGE STAFF USE ONLY

(38) Date Received:		(39) Received by:		(40) Referred to:	
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