



TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

Auto Liability Loss Report

MEMBER Name and Mailing Address	DATE of Incident
	CONTACT Person(s) and Phone Number

Incident Description:	Department:

Member Driver Name	Phone
	Phone
Member: Yr. Make Model	Full VIN

CLAIMANT	PHONE		
ADDRESS			
VEHICLE Description: Year	Make	Model	Damage

Other Information:

Reported By	Reported To	Date Reported	Adjuster Assigned
-------------	-------------	---------------	-------------------

P.O. Box 2131 Austin, Texas 78768
512-478-8753 / 800-456-5974 / (512) 478-1426 fax

claims-cs@county.org
gloriab@county.org