



MISSISSIPPI MUNICIPAL SERVICE COMPANY

Automobile Loss Notice

CITY		DATE OF ACCIDENT				
DEPARTMENT	Date City Notified	Date Notice Sent To MMSC		Date Report Prepared		
City Address	Preparer's Name & Title			Previously Reported Yes <input type="checkbox"/> No <input type="checkbox"/>		
	City Contact Person		Contact's Phone () - ext.			
LOSS						
Location of Accident (include city & state)			Time of Loss	Police Contacted		
Description of Accident						
CITY VEHICLE						
City Driver's Name		Driver's Job Title		Driver's Phone () - ext		
City Vehicle (Veh #, Year, Make, Model)		V.I.N. (Vehicle Identification Number)		Used With Permission? Yes <input type="checkbox"/> No <input type="checkbox"/>		
OTHER PARTY – PROPERTY DAMAGED						
Describe Other Vehicle Damage (Auto: year, make, model)				Other Vehicle/Property Ins.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Insurance Co/Agency Name & Policy #		
Owner of Other Vehicle Name & Address			Work Phone () - ext		Mobile/Home Phone () -	
Other Driver's Name & Address <input type="checkbox"/> Check if same as owner			Work Phone () - ext		Mobile/Home Phone () -	
OTHER PARTY – BODILY INJURY						
Name & Addresses	Phone	DOB	Oth Vh	City Vh	Ped	Extent of Injury
WITNESSES						
Witness Name & Addresses			Work Phone () - ext		Mobile/Home Phone () -	
Witness Name & Addresses			Work Phone () - ext		Mobile/Home Phone () -	