



MISSISSIPPI MUNICIPAL SERVICE COMPANY

Automobile Loss Notice

CITY:			DATE OF ACCIDENT:			
City Address	Date City Notified	Date Notice Sent To MMSC	Date Report Prepared			
	Preparer's Name & Title			Previously Reported Yes <input type="checkbox"/> No <input type="checkbox"/>		
DEPARTMENT	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		Work Phone () - ext		Mobile/Home Phone () -		
Check if same as owner <input type="checkbox"/>						
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 () -		