



AUTO PHYSICAL DAMAGE / AUTO LIABILITY CLAIM REPORT

Date: _____ Claim Contact Member: Bob Jay

Member Name: City of Ottumwa & Ottumwa Transit Telephone No. 641-683-0622

Address: 105 E Third Street Ottumwa Iowa 52501
Street City State Zip

Certificate No.: 0014

Date of Loss: _____ Loss Location: _____

Time of Loss: _____ Effective Date: _____

Accident Facts:

MEMBER VEHICLE

CLAIMANT VEHICLE

_____	Year/Make/Model	_____
_____	VIN #	_____
_____	Vehicle Location	_____
_____	Name of Driver	_____
_____	Driver License #	_____
_____	Lien Holder/Owner	_____
_____	Is Vehicle Drivable?	_____

Was the Member's vehicle used with permission? _____

Accident Witness/Phone: _____

Police Department: _____ Report No.: _____

Name of Contact Person: _____
Telephone No.: _____
Date: _____
E-Mail Address: _____

This form has been completed by:
Name (Please Print): _____
Address: _____
Telephone No.: _____

*****Submit two written estimates and/or bills paid to date*****

Location Code: Administration Police Fire Parks/Recreation Water/Sewer Streets/Highways

Mail to: City Hall, ATTN: City Clerk
105 E. Third St., Ottumwa, Iowa 52501

Fax No.: 641.683.0613
Phone No.: 641.683.0621

Report Completed By: _____ Telephone No.: _____
Print

Signature: _____