

# AUTOMOBILE LOSS NOTICE

{Please complete all areas in yellow}

<b>FAX REPORT TO: 615-360-8336 /JANET BOWMAN</b>	<b>DATE:</b>		
<b>PHONE: 615-361-0069 EXT. 202</b>	<b>DATE OF OCCURRENCE:</b>		
<b>MAILING ADDRESS:</b>  CCMSI Two International Plaza Dr, Suite 410 Nashville, TN. 37217	<i>Please check appropriate box and provide in space below particular department within the County or Board of Education</i> <input type="checkbox"/> <b>COUNTY</b> <input type="checkbox"/> <b>BOARD OF EDUCATION</b>		
<b>INSURED NAME &amp; ADDRESS:</b> RUTHERFORD COUNTY RUTHERFORD COUNTY BOARD OF EDUCATION	<b>DEPARTMENT:</b>  <b>CONTACT NAME &amp; ADDRESS:</b>		
<b>LOCATION OF ACCIDENT:</b>			
<b>DESCRIPTION OF ACCIDENT:</b>			
<b>INSURED VEHICLE:</b>			
<b>INSUREDS VEHICLE:</b>			
<b>YEAR:</b>	<b>MAKE:</b>	<b>MODEL:</b>	<b>VIN:</b>
<b>PROPERTY DAMAGE:</b>			
<b>OTHER VEHICLE:</b>			
<b>YEAR:</b>	<b>MAKE:</b>	<b>MODEL:</b>	<b>VIN:</b>
<b>INJURED:</b>			
<b>NAME &amp; ADDRESS:</b>	<b>PHONE NUMBER:</b>	<b>EXTENT OF INJURY:</b>	
<b>WITNESSES:</b>			
<b>NAME &amp; ADDRESS:</b>			
<b>PHONE NUMBER:</b>		<b>REPORTED BY:</b>	
<b>SIGNATURE OF INSURED:</b>		<b>REPORTED TO:</b>	