

Allegany College of Maryland

INDIVIDUAL

STATEMENT OF ACCIDENT/ DAMAGE/LOSS

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Employer: \_\_\_\_\_

Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
SS #: \_\_\_\_\_  
DL #: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Location, date, and time of Accident/Damage/Loss:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Accident/Damage/Loss (use reverse side if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was anyone else involved in the accident with you? Please state name, address, and phone:

\_\_\_\_\_  
\_\_\_\_\_

If vehicle damage occurred, two Estimates of Damages are required. The name, address, phone, and amount of estimate must clearly be documented on official letterhead of company giving estimate and attach this form.

\_\_\_\_\_

Where and when can damaged property be seen?

\_\_\_\_\_

If personal injury, please list attending physician/medical facility which you were treated (Name, address, phone, and date of service required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness (Please state name, address, home phone and work phone):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature