

**New Mexico Association of Counties**  
**Automobile Notice of Claim Form**

**County:** \_\_\_\_\_

**Contact Person: Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Driver:** \_\_\_\_\_

<b>Vehicle Description:</b>	<b>Year</b>	<b>Make/Model</b>	<b>Vin/Serial #</b>
_____			

**Date of Accident:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Description of Accident:** \_\_\_\_\_

\_\_\_\_\_

**Injury:** \_\_\_\_\_ **Yes** **No** \_\_\_\_\_

**Describe:** \_\_\_\_\_

\_\_\_\_\_

**Law Enforcement Agency:** \_\_\_\_\_ **Report #** \_\_\_\_\_

<b>Witness:</b>	<b>Address</b>	<b>Phone</b>
<b>Name</b>		
_____		
_____		

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**By:** \_\_\_\_\_