

**NEW MEXICO ASSOCIATION OF COUNTIES
MULTI-LINE DEPARTMENT
NOTICE OF CLAIM**

COUNTY: _____ **DEPARTMENT INVOLVED:** _____

County Contact: _____ **Phone Number:** _____

CLAIM TYPE (PLEASE CHECK ONE)

_____ AU: Auto – 1 st party	_____ PR: Property – 1 st party	_____ Record Only
_____ AU: Auto – 3 rd party	_____ GL: General Liability (3 rd party)	
_____ LE: Law Enforcement	_____ CR: Civil Rights (employment)	
_____ IJ: Injunctive Relief	_____ LU: Land Use	

DATE OF LOSS/INJURY: _____ **DATE TCN FILED:** _____

POLICE REPORT: Yes ___ No ___ **REPORT #:** _____
(PLEASE FORWARD POLICE REPORT AND ANY PICTURES)

INJURY: Yes ___ No ___ **INJURY DESCRIPTION:** _____

BRIEFLY DESCRIBE LOSS/INCIDENT: _____

1ST PARTY AUTO (COUNTY):

Employee Involved in Incident Information:

Vehicle Information:

Name: _____
Date of Birth: _____
Social Security Number: _____
Occupation/Title: _____
Status of Employment: _____
Employee Phone Number: _____
Drivers License Number: _____

Year: _____
Make: _____
Model: _____
License Plate #: _____
VIN #: _____
Serial#: _____

1ST PARTY PROPERTY (COUNTY):

Location (Name of building): _____
Physical Address: _____
Action Taken by County: _____

3RD PARTY CLAIM (CLAIMANT OR OTHER PARTY INVOLVED IN 1ST PARTY CLAIM):
(AU, GL, LE, CR, IJ, LU)

X-REFERENCE WITH 1ST PARTY AUTO CLAIM # _____

Claimant Information:

Vehicle Information:

Name: _____
Address: _____
City, State, Zip: _____
Phone(s): _____
E-mail: _____

Year: _____
Make: _____
Model: _____
License Plate #: _____
VIN #: _____
Serial#: _____

Insurance Carrier & Policy Number: _____
Attorney Information: _____

Submitted by: _____ **Date Submitted:** _____

List of Attachments: _____