

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

County: _____

Contact Person: Name: _____

Phone Number: _____

Driver: _____

Vehicle Description:	Year	Make/Model	Vin/Serial #

Date of Accident: _____

Location: _____

Description of Accident: _____

Injury: _____ **Yes** **No** _____

Describe: _____

Law Enforcement Agency: _____ **Report #** _____

Witness:		
Name	Address	Phone

Additional Comments: _____

Date: _____

By: _____