NESHOBA COUNTY, MISSISSIPPI

ACCIDENT CLAIM FORM

IMPORTANT NOTICE

Submission of this claim form does not constitute acceptance of liability by Neshoba County. All claims are subject to investigation. Failure to provide complete information or supporting documentation may delay processing of your claim.

CLAIMANT INFORMATION

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email Address: _____

Preferred Method of Contact: ☐ Phone ☐ Email ☐ Mail

INCIDENT INFORMATION

Date of Incident: ____/____/_____ Time of Incident: _____

Location of Incident (Road, Street, Facility, or Landmark):

Weather Conditions: ☐ Clear ☐ Rain ☐ Fog ☐ Snow/Ice ☐ Other: _____

Was a law enforcement officer contacted? ☐ Yes ☐ No

Agency: _____ Report Number (if applicable): _____

VEHICLE INFORMATION (If Applicable)

Owner's Name: _____

Driver's Name: _____

Year: _____ Make: _____ Model: _____

VIN: _____ Tag Number: _____

INSURANCE INFORMATION

Do you have automobile/property insurance? ☐ Yes ☐ No

Insurance Company: _____ Policy Number: _____

Claim Number (if assigned): _____

Have you reported this incident to your insurance company? ☐ Yes ☐ No

Date Reported: _____

DAMAGE INFORMATION

Describe the damaged property:

_____

_____

_____

Estimated Cost of Repairs: $_____

Was the vehicle or property rendered unusable? ☐ Yes ☐ No

Was the vehicle towed? ☐ Yes ☐ No

Tow Company (if applicable):_____

INJURY INFORMATION

Were any injuries sustained? ☐ Yes ☐ No

If yes, describe:

_____

_____

Was medical treatment received? ☐ Yes ☐ No

Medical Provider (if applicable): _____

DETAILED DESCRIPTION OF INCIDENT

Please provide a complete description of the incident. Include the date, time, exact location, direction of travel, weather conditions, and any facts that support your claim.

WITNESS INFORMATION

Witness #1

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Witness #2

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

REQUIRED ATTACHMENTS

Please attach copies of the following, if applicable:

☐ Photographs of Damage

☐ Police or Incident Report

☐ Medical Documentation

☐ Two (2) Repair Estimates

☐ Insurance Claim Documentation

☐ Other Supporting Documents

CERTIFICATION

I certify that the information contained in this Accident Claim Form and any attached documentation is true, correct, and complete to the best of my knowledge and belief.

I understand that submission of this form does not constitute acceptance of liability by Neshoba County and that additional information may be requested during the investigation of this claim.

Claimant Signature: _____

Printed Name: _____ Date: _____

COUNTY USE ONLY

Claim Number: _____ Date Received: _____

Received By: _____ Department: _____

Claim Status: ☐ Open ☐ Pending ☐ Closed

Notes:

Submit Completed Claims To:

Neshoba County Board of Supervisors
401 E Beacon Street, Suite 201
Philadelphia, MS 39350
601-656-6281
info@neshobacounty.net