



**CLAIM FORM**

**ACCA LIABILITY SELF-INSURANCE FUND, INC.**

**EMAIL: [liabilityclaims@countyrisk.org](mailto:liabilityclaims@countyrisk.org)**



**USE THIS FORM FOR AUTOMOBILE LOSSES AND AUTO-RELATED INCIDENTS ONLY**

Member/County: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Person Completing Form/Dept./Phone #: \_\_\_\_\_

Date and Time of Accident: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

***Any incident involving bodily injury should be reported to CRS, Inc. immediately at 888-608-2009 or 334-394-3232***

Please complete the questions below and on the reverse side of this form to the best of your knowledge and provide any estimates or other documentation available upon reporting.

**COUNTY VEHICLE**

**OTHER VEHICLE**

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Owner of Vehicle: \_\_\_\_\_

Owner of Vehicle: \_\_\_\_\_

Make, Model & Year of Vehicle: \_\_\_\_\_

Make, Model & Year of Vehicle: \_\_\_\_\_

Last 6 of VIN #: \_\_\_\_\_

Last 6 of VIN #: \_\_\_\_\_

Tag Number: \_\_\_\_\_

Tag Number: \_\_\_\_\_

Description: \_\_\_\_\_

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

**COMPLETE THIS SECTION IF THERE WERE ANY BODILY INJURIES**

**INJURED:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Injuries: \_\_\_\_\_

\_\_\_\_\_

Doctor or Hospital: \_\_\_\_\_

*Forward any related documents and/or information that may be helpful in resolving this incident to  
CRS, Inc.*

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WITNESSES:**

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

3) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

4) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mail completed form to:  
**County Risk Services, Inc.**  
**P.O. Box 589**  
**Montgomery, AL 36101-0589**

Or email to:  
[liabilityclaims@countyrisk.org](mailto:liabilityclaims@countyrisk.org)