



## City of Laurel

### LIABILITY CLAIM FORM & PROCEDURE FOR VEHICLE DAMAGE

POST OFFICE BOX 647  
LAUREL, MISSISSIPPI 39441

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Department Involved: \_\_\_\_\_ Equipment Operator: \_\_\_\_\_

Description of Incident/Damage:

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

Odometer Reading: \_\_\_\_\_ Tag Number: \_\_\_\_\_

Has the vehicle been modified (i.e. low profile tires, rims, ground effects, etc.)? Yes No  
If Yes, please describe modification.

Occupant: \_\_\_\_\_

Occupant: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Also the following information is needed for filling a claim:

Copy of vehicle operator's drivers license

Copy of vehicle's insurance

Originals of two (2) written estimates on repair of vehicle

Copy of the Uniform Accident Report if the damage exceeds \$500.00 (If Police Department was not called at the time of the accident to do a wreck report, you may go to the front office of the Laurel Police Department and request a delayed accident report.) State law requires an accident report on any accident that occurs on any road way in the state of Mississippi if the damage exceeds \$500.00.