

ROAD CLAIM INCIDENT REPORT

In order to process the claim, please print & fill out completely and return to Madison Co. EMA office along with two signed estimates for damages being claimed. All required paperwork must be returned within 7 days of incident. NOTE: Our policy is a reimbursement policy. We DO NOT replace nor arrange to have any repairs made. It is to your own discretion to when the repairs are made. If your claim is approved a reimbursement check will mailed to you at the given address given below.

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|-----------------------------|---|
| Personal Information | Date: _____ Name: _____ Mailing Address: _____ _____ Contact #: _____ Make/ Model of Vehicle: _____ |
| Incident Information | Please answer questions below in relations to the incident being reported: Date: _____ Time: _____ Location: _____ (name of road incident occurred) Area Landmarks: _____ Approx. Speed at time of incident: _____ Direction of Travel: _____ Cause of Incident: _____ (ie: pothole, rock, etc..) Area of vehicle damaged: _____ |
| Incident Summary | Please write a brief summary of the incident (use back if needed): |
| Signature | _____ Signature Date <input type="checkbox"/> Please check box, indicating that you have read and understand the Madison Co. Road Claim Policy: |

OFFICE USE ONLY:

Date Received: _____ Received by: _____ Dept: _____