



Auto Report of Incident

Coverage Through: Risk Pool, Midwest Public Risk | Claims Administrator (TPA): Thomas McGee, L.C.
(* = Required Information)

MEMBER INFORMATION*

Preparer's Name: _____ Phone: _____
Entity: _____ Department: _____
Address: _____ City: _____ State: _____ Zip: _____

INCIDENT LOCATION INFORMATION*

Date of Incident: _____ Time: _____
Location Address: _____ City: _____ State: _____ Zip: _____
Incident/Loss Description (Be As Detailed As Possible):

MEMBER INFORMATION/DRIVER/AUTO DAMAGE INFORMATION*

Member Driver Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Department: _____ Phone: _____
Auto Year: _____ Make: _____ Model: _____ Color: _____
Auto Damage Description:

Estimated Damage: \$ _____

Injuries to Member: Yes No
Member Passengers: Yes No Passenger Name: _____
Passenger Address: _____ City: _____ State: _____ Zip: _____

CLAIMANT VEHICLE INFORMATION

Claimant Driver Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Department: _____ Phone: _____
Auto Year: _____ Make: _____ Model: _____ Color: _____
Auto Damage Description:

Estimated Damage: \$ _____

Where Can Vehicle Be Seen? _____
When Can Vehicle Be Seen? _____



Auto Report of Incident

CLAIMANT VEHICLE PASSENGER INFORMATION:

Claimant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Was The Passenger Injured as a Result of This Incident? Yes No

Injury Description:

Hospital/Clinic Name: _____

Address: _____ City: _____ State: _____ Zip: _____

CLAIMANT VEHICLE PASSENGER INFORMATION:

Claimant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Was The Passenger Injured as a Result of This Incident? Yes No

Injury Description:

Hospital/Clinic Name: _____

Address: _____ City: _____ State: _____ Zip: _____

WITNESS INFORMATION:

Witness Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Are There Additional Witnesses Associated With This Incident? Yes No

POLICE INFORMATION:

Report Was Made To Police? Yes No Citations? Yes No

Department Name: _____ Report Number: _____

ADDITIONAL COMMENTS/REMARKS:

Reported By: _____ Phone: _____

E-mail completed form to claims@mprisk.org or Fax to 816-842-1276
For questions call 816-858-6380 or 816-842-4800 (Please specify you are with MPR)
Please attach any additional pertinent information in relation to the claim (photos, police report, estimates, etc.)