



Cherokee County Board of Commissioners
Risk Management Department
 1130 Bluffs Pkwy
 Canton, GA 30114
 770-721-7827 (Phone) 678-493-6035 (Fax)

CLAIMANT INCIDENT/ACCIDENT REPORT

Bodily Injury Property Damage (other than auto) Auto Incident

Claim Information:

(This information is to be filled out by the person filling out the form. This may or may not be the same person injured and/or owner of damaged property.)

Date of Accident: _____ Time of Accident: _____

Location of Accident: _____

County Agency/Department: _____ Date of this Report: _____

Claimant Name: _____

Claimant Address: _____

Claimant Contact Telephone: _____ Claimant Email: _____

Injury Information:

Name of Injured Party: _____

Address of Injured Party: _____

Contact Telephone: _____ Injured Party Email: _____

Minor Injury: Yes No

Describe Injury: _____

Doctor Seen: Yes No Transported by Ambulance: Yes No

Location Transported to: _____

(If multiple people are injured, please use a separate form for each person.)

Property Damage Information (for non-vehicle accidents)

Property Owner Name: _____

Property Owner Address: _____

Describe Damage to Property: _____



**Cherokee County Board of Commissioners
Risk Management Department**

1130 Bluffs Pkwy
Canton, GA 30114
770-721-7827 (Phone) 678-493-6035 (Fax)

Repair Cost and/or Estimate: _____
(Please submit invoice(s) and/or estimates)

Vehicle Incident Information:

Owner Name: _____

Owner Address: _____

Owner Contact Telephone: _____ Owner Email: _____

Vehicle Year/Make/Model: _____

Driver Name: *(If different from Owner)* _____

Driver Address: _____

Driver Contact Telephone: _____ Driver Email: _____

Describe Incident: _____

Injuries Sustained: Yes No

Transported by Ambulance: Yes No

Location Transported by EMS: _____

Police Called: Yes No

Police Agency that Responded: _____

Police Case/Report Number: _____

Repair Cost and/or Estimate: _____
(Please submit invoice(s) and/or estimates)

Please fill out this report to the best of your ability. Please attach the following documents:

- 1. Photographs**
- 2. Invoices**
- 3. Police Reports**
- 4. Estimates/Quotes**

Please return this document and any other documentation to chpierce@cherokeega.com or by fax to 678.493.6035. Questions, please contact Cynthia Pierce at 770-721-7806.