MADISON COUNTY ROAD DEPARTMENT VEHICLE / EQUIPMENT ACCIDENT FORM

Contact Person: Helen Kellen	Phone: 601-855-5673
Date of Accident: 5 5 116	
LOCATION OF ACCIDENT: Hwy 22, Flora	ms
TIME OF ACCIDENT: 10:30 a.m.	
NARRATIVE REPORT/SUMMARY OF ACCIDENT:	
Claimant was approach	hing tractor driver when this her windshield
rocks were + hrown tha	+ Thit her windshield
	DOB:
Last Name, First Name	MI M/D/Y
Driver's License No.	State:
Address:	
Telephone Number: Office:	Home:
Check one: County Vehicle County Equipmen	t Inventory Number
Vehicle/Equipment Identification Number:	
	Model:
Description of Injuries, if any:	
Damages to Your Vehicle: None	
Authority Natified:	
6//6/	
Were Pictures Taken: Yes No	
	et er File Number
Officer's Name: Repo	nt of File Number.
OTHER PERSON(S) INVOLVED	
	- /
Name: Enmestive Jeffer	DOB:
Address:	Than m 5 30001
609 Kearney Park Rd,	-1012A, 1110 390 (1
Driver's License Number:	
Work #: Home #	Other # <u>601 - 573 - 622</u> 9
YVOIN #.	Other # Object of the state of
VEHICLE INVOLVED	
Is this a county vehicle/piece of equipment?	yes no
Vehicle Identification Number:	Lic. Plate Number:
Year: 2001 Make: Ford	Model: Windstan
Description of Injuries, if any:	Middel
Damages to Vehicle: <u>Cracked windsh</u>	ripld on left side
Injuries: None Nature: 1	VON Fatality: NONE
Hospital: N/A City: N	A State: NIA
Vehicles Towed: N/A	Otale. TO (A
vehicles rowed.	
Sommie Shompson	
	Department Head
Valor Thir was withers	ed by Tommie Thompson,
wote. Inis wisco crew lea	don
CU a MANINIO CIEW (PA	

PH:601-925-0200 FAX:601-925-0258

Federal Tax ID. 640390367

P/O#. Taken By: Installer: Cust State Tax ID: Cust Fed Tax ID: Ship Via:

Quote: Q000502

SalesRep:

Adv. Code:

Date: 5/9/2016

BIII To: CASH

Sold To: CASH

CASH

CASH

Vehicle Information

	Make: Ford Odometer:	Model Style: Windstar Mini Van VIN:		Year: 2001 License	
Qty 1	Part Number DW01267GBYNCOM	Description Windshield-(W/Break-Away Bracket,Solar Controlled)	List *\$185.00	Sell \$185.00	Total \$185.00
	1 HAH000004	Adhesive-(2.0, Urethane, Dam, Primer)	\$0.00	\$0.00	\$0.00

¹⁴ Indicates Non-NAGS List Price

ATT HELLEN KELLER

EARNESTINE

Sub Total:

\$185 00

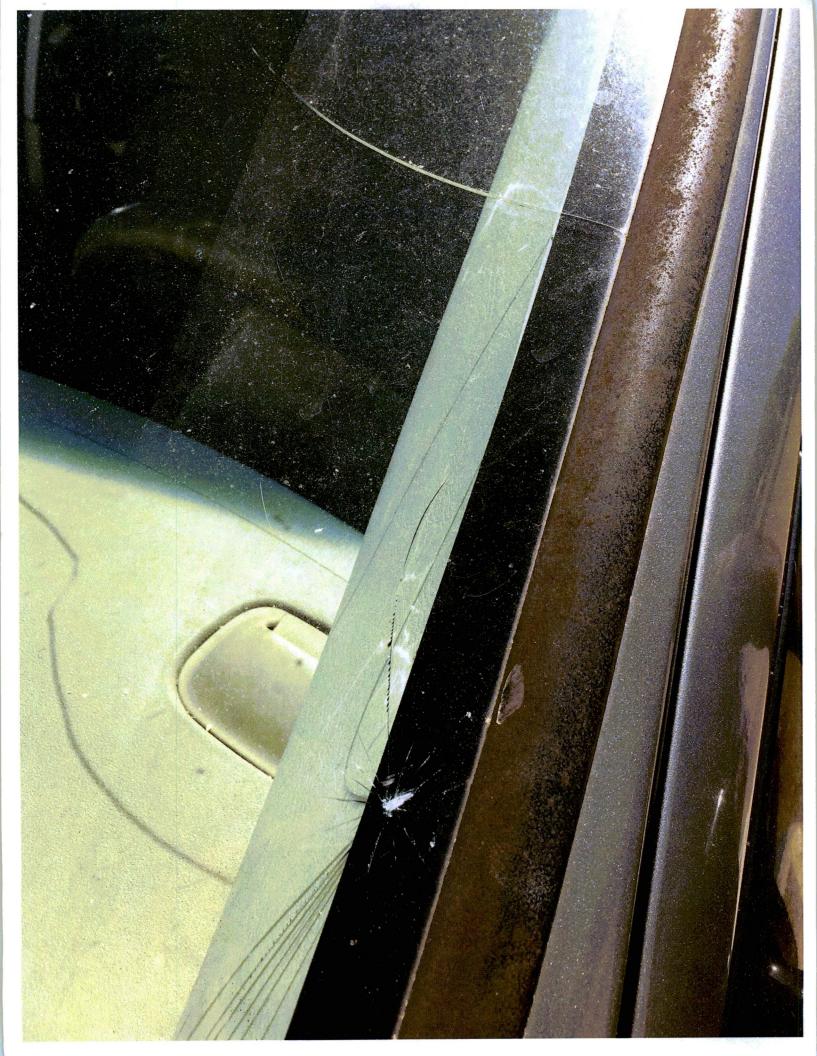
Tax:

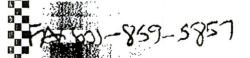
\$14.80

Total:









Please forward check to



AUTO GLÁSS 527 SPRING HILL DRIVE • MADISON, MS 39110

LAKELAND 932-5546

NORTH JACKSON 957-7867

CLINTON 924 9932

Ins. Company Agent Address Phone Policy # Claim # Date of Loss NON-CRITICAL CRITICAL ACUTE Description Price Description Price 169.9 169.9 201. Acute Description Price AUTO GLASS. I agree to pay any portion not covered by my insurance, fleet, or leasing company control of the goods and services requested. I authorize my insurance, fleet, or leasing company control of the goods and services requested. I authorize my insurance, fleet, or leasing company control of the goods and services requested. I authorize my insurance, fleet, or leasing company control of the goods and services requested. I authorize my insurance, fleet, or leasing company control of the goods and services requested. I authorize my insurance, fleet, or leasing company control of the goods and services requested. I authorize my insurance, fleet, or leasing company control of the goods and services requested. I authorize my insurance, fleet, or leasing company control of the goods and services requested. I authorize my insurance, fleet, or leasing company control of the goods and services requested. I authorize my insurance, fleet, or leasing company control of the goods and services requested. I authorize my insurance, fleet, or leasing company control of the goods and services requested. I authorize my insurance, fleet, or leasing company control of the goods and services requested.	MADISON 853-8778 TAX IDENTIF	CLINTON 924-9932 FICATION 64-0945282	
Agent Address Phone Policy # Claim # Date of Loss NON-CRITICAL ACUTE DRIVER Description Price Descr			
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