ROAD CLAIM INCIDENT REPORT

In order to process claim, please print & fill out completely, then return to Madison County Road Dept. or Madison Co. EMA office along with two signed estimates for damages being claimed.

Personal Information	Name: _____ Mailing Address: _____ _____ Contact #: _____ Make/ Model of Vehicle: _____
Incident Information	**Please answer questions below in relations to the incident being reported:** Date: _____ Time: _____ Location: _____ 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:**