

SUBJECT: Reporting Insurance Claims

Reporting Vehicle Collisions/Losses

All collisions involving MCFRS vehicles are to be promptly reported to VFIS via e-mail using the Vehicle Collision/Loss Notification Report. The information on this report is to be completed and submitted within 24 hours after the collision. The Vehicle Collision/Loss Notification Report will also be used to report vehicle losses from fires, vandalism, etc.

Reporting Portable Equipment Losses

All claims for the loss of portable equipment, including personal effects, are to be reported to VFIS via e-mail using the Portable Equipment Loss Notification Report. Do not delay sending this report pending replacement or repair of the equipment.

Claim Acknowledgement

The VFIS Claims department will assign a claim number to all incoming claims and e-mail an acknowledgement to the MCFRS Claims Coordinator.

Should you have any questions regarding this directive, please contact John Gallo at 240-777-2219.

Montgomery County Fire and Rescue Service Portable Equipment Loss Notification Report

Report to be sent to VFIS via e-mail to john.gallo@montgomerycountymd.gov and claims@glatfelters.com. Do not delay sending the report pending replacement or repair of the equipment.

MCFRS INFORMATION

Responding MCFRS Entity:		Station #:
MCFRS Contact Person:	Phone:	Police Dept Report Number:
Date & Time of Loss:	Location of Loss (include city & state):	
Description of Loss or Damage:		
Please Select One:	County Owned <input type="checkbox"/>	Department Owned <input type="checkbox"/>
Identify make, model and serial # of the damaged or lost equipment:		
If damaged, has equipment been inspected by a qualified repairer? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, furnish the name and phone # of repairer:		

PERSONAL EFFECTS CLAIM

Name of employee/volunteer:	
Home Address:	Home Phone #:
Describe the lost or damaged personal item (brand, model, physical description):	

TO BE COMPLETED BY LFRD CHIEF/INSURANCE CONTACT OR MCFRS CHIEF

Was the above person a member of your organization at the time of the above-described incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the duty described in the Description of Loss above an authorized duty of your organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answers to the above two questions are yes, please have the member furnish a written estimate or bill for repairs. If the item is not repairable, provide a written estimate or bill for the cost to replace the item with an item like, kind, and quality.		
If the loss was a report of a theft, please have the member furnish a copy of the police report.		
I certify that the above information concerning this claim report is true.		
_____ Signature or MCFRS ID# if submitting via e-mail	_____ Printed Name	_____ Date
Contact Telephone Number:		

Montgomery County Fire and Rescue Service Vehicle Collision Notification Report

Report to be sent to VFIS via e-mail to john.gallo@montgomerycountymd.gov and claims@glatfelters.com.
Do not hold pending completion of the Collision Investigation Report.

MCFRS INFORMATION

Responding MCFRS Entity:		Station #:	
MCFRS Contact Person:	Phone:	Police Dept Report Number:	
Date & Time of Incident:	Total # of Vehicles Involved:	Total MCFRS Units:	
Location of Collision/Loss (include city/state):	Weather Conditions:	Road Conditions:	
Description of Loss or Damage:			
If collision/loss occurred at intersection was it controlled by:			
<input type="checkbox"/> Light <input type="checkbox"/> Yield Sign <input type="checkbox"/> Stop Sign <input type="checkbox"/> 4-Way Stop <input type="checkbox"/> Other-Explain:			
If controlled by a light, what color was the light for the MCFRS vehicle:			
If red, did MCFRS vehicle stop before entering the intersection?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were emergency lights and sirens being used?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
VEH #1	MCFRS Vehicle, Year, Make & Model	Vehicle Stock #	VIN # EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Driver:		Age: <input type="checkbox"/> Career <input type="checkbox"/> LFRD	Daytime Phone:
Describe Damage/Loss:			
Damage Estimate:		Where can vehicle be seen?	

Damage to Vehicle/Property of Others and Other MCFRS Vehicles

VEH #2	<input type="checkbox"/> Other MCFRS Vehicle <input type="checkbox"/> Other's Vehicle/Property	
Owner's Name or Responsible Dept or Entity:	Address:	Phone #
Driver Name (if other than owner):	Address:	Phone #
Damaged Property (if auto, make year, and plate):	Property Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Policy # of Insurance Company:
Describe Damage:		
Damage Estimate:	Where can vehicle be seen?	
Injuries or Deaths? <input type="checkbox"/> Yes No	Passengers or Witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
VEH #3	<input type="checkbox"/> Other MCFRS Vehicle <input type="checkbox"/> Other's Vehicle/Property	
Owner's Name or Responsible Dept or Entity:	Address:	Phone #
Driver Name (if other than owner):	Address:	Phone #
Damaged Property (if auto, make year, and plate):	Property Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Policy # of Insurance Company:
Describe Damage:		
Damage Estimate:	Where can vehicle be seen?	
Additional Vehicles? Copy and complete additional forms as required.		
Injuries or Deaths? <input type="checkbox"/> Yes No	Passengers or Witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:	Reported By:	Reported To:
_____ Signature or MCFRS ID# if submitting via e-mail	_____ Printed Name	_____ Date