

**State of North Carolina Motor Vehicle Loss Notice**  
**Travelers Insurance Company Policy No. TRJ-CAP-104T6800**  
 (Use this form to report at fault accidents which result only in minor property damage  
 and the claimant's vehicle is still driveable.)

Department, Agency or University		P.O. Box	City	Zip Code
Division or Section		Contact Person	Phone Number	
Claim Code Number (required)		Name of State Driver	Phone Number	
Driver's License #		Date of Birth	State Licensed	
<u>Location of Accident (including city &amp; state):</u>				
<u>Description of Accident:</u>				
<u>Law Enforcement Contact &amp; Report Number:</u>				

<u>Identify the Damaged Property of Others (If Auto, Year, Make, Model, Plate #):</u>		
Owners's Name & Address	Business Phone #	Residence Phone #
Driver's Name & Address (check if same as owner) <input type="checkbox"/>	Business Phone #	Residence Phone #
Describe Damage	Estimate Amount	Where Can Damage be Seen?

<u>Identify the state vehicle involved in this accident</u>
<u>Describe Damage to this vehicle</u>

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date