Arizona Department Of Administration RISK MANAGEMENT DIVISION AUTOMOBILE LOSS REPORT

	ATE	850	nt/Division/S	ection												RMO	NO. (For H	MD use only)
	ACCIDENT Street Address LOCATION												•						
FACTS	Intersecting Street or Highway No. and Mile Post No. Intersection NonIntersection												on						
	CITY	1		☐ Inside County ☐ Outside						1	Weather								
	DATE OF ACCIDENT				[Day of Week			Hour			☐ A.M. ☐ P.M.				nvolved No.		Persons Injured	
	MOTOR VEHICLE 1. Pedestr 1. Other M					rian 3. Other State Vehicle 5. Other State Vehicle 4. Fixed Object] Other	ner							
STATE VEHICLE	Year Make						Model				License No.			State					
	Motor Pool Vehicle? Vehicle No.																		
	Removed To					Removed By					Point of Impact on Vehicle						Est. Cost Repair		
	Last Name			е	First			M.I.			ddress				City, State			Phor	ne
	DRIVER	Job Classifi		Department/E			ivision/Section			Drivers License No.				Operator Exp. [Chauffeur		ate		State	
OTHER VEHICLE (More than 1 attach sheet)	OTHER Year Mak VEHICLE				9			Туре			Lie	License No.			St	State Vehic		icle No.	
	VEHICLE Removed To					Removed By					Point of Impact on V			Vehicle				Est. Cost repair	
	OWNER Last Name				F	First			M.I.					City, State				Phone	
	DRIVER		Last name				First			M.I. Addres		MODEL			City, !	City, State		Phone	
						Driver license No					☐ Operator ☐ Chauffeur			eur			State		
ERTY	To Property Other Than Vehicles Est. C											Est. Cost	Cost Repair						
PROPERTY DAMAGE	Name and Address of Owner of Property																		
INJURIES					Fir	First M.I.						Address			Phone				
	Description of Injury																		
	Last Name F				Fire	st	M.I.			Address	Address			Phone					
	Description of injury																		
					Fir	First				M.l.		Address	Address			Pho		Phone	
	Description of injury																		
	Last Name			Fi	First M				M.I.	I. Address							Phone		
	Description of injury																		

SES	Name	Address	Phone	
WITNESSES	Name	Address	Phone	-
×				
POLICE REPORT	Agency	Officer and I.D. No	Report No.	
	ANT: DESCRIBE HOW ACCIE	DENT OCCURRED:		
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V.				
			as the collision occurred. Show dire	
			en at point of crash; third, positions and dista- line thus:	
	A	111		
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L				
I hereby ce	rtify that this is a true statemer	nt of the facts to the best of my knowledge	e and belief.	
X				
	Driver	s Signature	Date	
			Phone	
			☐ In Person ☐ Mail	
	Authorized Su	pervisor D.	ate	