ADOA RISK MANAGEMENT AUTOMOBILE LOSS REPORT

Print legibly or enter the loss report electronically

EMPLOYER INFORMATION		
Agency	Division	Section/Unit

FACTS OF THE LOSS				
Date of Incident	Time ☐ AM ☐ PM	Weather	No. of Vehicles Involved	No. of Persons Injured
Incident Location (Address/Cross Streets)			☐ Intersection ☐ Non-Intersection	
Mile Post No.	City	State	County	
Motor Vehicle Involved with: (Check all that apply) ☐ Pedestrian/Bicyclist ☐ Privately Owned Motor Vehicle ☐ Another State Vehicle ☐ Fixed Object ☐ Other (Describe) _____			Police Report Agency Police Report # Officer Name Officer ID # Citations Issued ☐ No ☐ Yes (***If Yes who was cited***) ☐ State Driver ☐ Other Driver	

STATE/AUTHORIZED DRIVER INFORMATION				
Last Name	First Name	Middle Initial	Driver's License No.	Driver's License State
Home Address	City		State	Zip Code
Email Address	Work/Cell Phone No.		EIN ☐ State Employee ☐ Other	

STATE VEHICLE INFORMATION				
Year	Make	Model	Arizona License Plate No.	Vehicle No.
☐ State Motor Vehicle ☐ Personally Owned Vehicle ☐ Rental		Removed To	Removed By	Point of Impact on Vehicle

OTHER VEHICLE INFORMATION ***(if more than 1 other vehicle attach sheet or accident exchange slip)***					
Year	Make	Model	License Plate No.	License Plate State	Was vehicle towed from scene? ☐ Yes ☐ No ☐ Unknown
Insured By (Insurance Company Name)		Insurance Policy No.	Insurance Phone No.	Point of Impact on Vehicle	

OWNER OF OTHER VEHICLE			
Owner Last Name	First Name	Phone No.	
Owner Address	City	State	Zip Code

DRIVER OF OTHER VEHICLE			
Driver Last Name	First Name	Phone No.	
Driver Address	City	State	Zip Code
Driver's License No.	Driver's License State	Driver Injured? ☐ Yes ☐ No	

Revised 8/2019

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OCCUPANTS IN ALL VEHICLES ***(if more than 4 occupants attach sheet)***

First & Last Name & EIN (*EIN if applicable*)	**Address, City, State, Zip Code**	**Phone No.**	**Vehicle riding in?**	**Injured?** *(if known)*	**Injury Description**
1.			☐ State Vehicle ☐ Other Vehicle	☐ Yes ☐ No	
2.			☐ State Vehicle ☐ Other Vehicle	☐ Yes ☐ No	
3.			☐ State Vehicle ☐ Other Vehicle	☐ Yes ☐ No	
4.			☐ State Vehicle ☐ Other Vehicle	☐ Yes ☐ No	

PROPERTY DAMAGE ***(to property other than vehicles)***

Owner Name	Address	Phone No.	Description of Damaged Property

WITNESSES

1. Name	Address	Phone No.
2. Name	Address	Phone No.

DESCRIBE HOW INCIDENT OCCURRED

Additional Documentation Available*(including any photos obtained at the scene, other than law enforcement photos)*:

☐ Sketch or Drawing ☐ Law Enforcement Report ☐Witness Statement

☐ Photos ☐ Law Enforcement Accident Exchange Slip ☐Supervisor Investigation Form

☐ Driver's Signature ☐ Reporting Employee's Signature	EIN	Date
I hereby certify that this is a true statement of the facts to the best of my knowledge and belief.		

Driver/Reporting Employee's Supervisor (Printed name)	Email Address	Phone No.

Submit this form and any additional documentation to the Fleet Administrator and copy your supervisor.

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