

ADOA RISK MANAGEMENT AUTOMOBILE LOSS REPORT

Print legibly or enter the loss report electronically

STATE AGENCY	Department	Division	Section	RMD No. (For RMD Use Only)
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FACTS	ACCIDENT LOCATION Street Address				
	Intersecting Street or Highway No. and Mile Post No.				<input type="checkbox"/> Intersection <input type="checkbox"/> Non-Intersection
	CITY	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	County		Weather
	DATE OF ACCIDENT	Day of Week	Hour	No. of Vehicles Involved	No. Persons Injured
	MOTOR VEHICLE INVOLVED WITH 1. <input type="checkbox"/> Pedestrian 3. <input type="checkbox"/> Other State Vehicle 5. <input type="checkbox"/> Other 2. <input type="checkbox"/> Other Motor Vehicle 4. <input type="checkbox"/> Fixed Object				

STATE VEHICLE	Year	Make	Model	License Plate No.	License Plate State
	DOA Motor Pool Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle No.	Removed To	Removed By	
	DRIVER Last Name	First	MI	Point of Impact on Vehicle	Est. Cost Repair
	Address			City, State, Zip	Phone H W

Other Vehicle (more than 1 attach sheet)	Year	Make	Model	License Plate No.	License Plate State	
	VEHICLE	Removed To	Removed By	Point of Impact on Vehicle	Est. Cost Repair	
	OWNER Last Name	First	MI	Address	City, State	Phone H W
	DRIVER Last Name	First	MI	Address	City, State	Phone H W

PROPERTY DAMAGE	To Property Other Than Vehicles				Est. Cost Repair
	Name and Address of Owner of Property				

INJURIES	Last Name	First	MI	Address	Phone H W
	Description of Injury				
	Last Name	First	MI	Address	Phone H W
	Description of Injury				
	Last Name	First	MI	Address	Phone H W
	Description of Injury				
	Last Name	First	MI	Address	Phone H W
	Description of Injury				

