

**Arizona Department of Administration
RISK MANAGEMENT SECTION
AUTOMOBILE LOSS REPORT**

STATE AGENCY	Department	Division	Section	AFIS Mail Code	RMS NO. (For RMS use only)		
FACTS	ACCIDENT/INCIDENT LOCATION Street Address/Intersecting Street or Highway No. and Mile Post No.				<input type="checkbox"/> Intersection		
					<input type="checkbox"/> NonIntersection		
	CITY	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	County	Weather			
	DATE OF INCIDENT	Day of Week	Hour	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	No. of Vehicles Involved	No. Persons Injured	
MOTOR VEHICLE INVOLVED WITH	1. <input type="checkbox"/> Pedestrian	2. <input type="checkbox"/> Other Motor Vehicle	3. <input type="checkbox"/> Other State Vehicle	4. <input type="checkbox"/> Fixed Object	5. <input type="checkbox"/> Other _____		
STATE VEHICLE	Year	Make	Model	License No.	State		
	DOA Motor Pool Vehicle? (yes or 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 _____	
	Job Classification	Department/Division/Section	Drivers License No.	<input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur	Exp. Date State		
OTHER VEHICLE (More than 1 attach sheet)	OTHER VEHICLE	Year	Make	Type	License No.	State	Vehicle No.
	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 _____
		Insured By		Drivers License No.			Exp. Date
PROPERTY DAMAGE	To Property of 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						

For additional injuries submit on separate paper.

