

ADOA RISK MANAGEMENT AUTOMOBILE LOSS REPORT

Print legibly or enter the loss report electronically

<u>EMPLOYER INFORMATION</u>					
Agency		Division		Section/Unit	
<u>FACTS OF THE LOSS</u>					
Date of Incident		Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Weather	No. of Vehicles Involved	No. of Persons Injured
Incident Location (Address/Cross Streets)				Mile Post No.	<input type="checkbox"/> Intersection <input type="checkbox"/> Non-Intersection
City		State	County	Emergency Personnel (check all that apply) Ambulance Fire EMTs. Agency Name:	
Motor Vehicle Involved with: (Check all that apply) <input type="checkbox"/> Pedestrian/Bicyclist <input type="checkbox"/> Privately Owned Motor Vehicle <input type="checkbox"/> Another State Vehicle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other (Describe) _____				Police Report Agency	
				Police Report #	
				Officer Name	
				Officer ID #	
				Citations Issued <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>If Yes who was cited</i>) <input type="checkbox"/> State Driver <input type="checkbox"/> Other Driver	
<u>STATE/AUTHORIZED DRIVER INFORMATION</u>					
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
<u>STATE VEHICLE INFORMATION</u>					
Year	Make	Model		Arizona License Plate No.	Vehicle No.
<input type="checkbox"/> State Motor Vehicle <input type="checkbox"/> Personally Owned Vehicle <input type="checkbox"/> Rental		Removed To		Removed By	Point of Impact on Vehicle
<u>OTHER VEHICLE INFORMATION</u> <i>(if more than 1 other vehicle attach sheet or accident exchange slip)</i>					
Year	Make	Model		License Plate No.	License Plate State
					Was vehicle towed from scene? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Insured By (Insurance Company Name)		Insurance Policy No.		Insurance Phone No.	Point of Impact on Vehicle
<u>OWNER OF OTHER VEHICLE</u>					
Owner Last Name		First Name			Phone No.
Owner Address			City		State
					Zip Code
<u>DRIVER OF OTHER VEHICLE</u>					
Driver Last Name		First Name			Phone No.
Driver Address			City		State
					Zip Code
Driver's License No.		Driver's License State			Driver Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No

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OCCUPANTS IN ALL VEHICLES <i>(if more than 4 occupants attach sheet)</i>						
First & Last Name & EIN <i>(EIN if applicable)</i>	Address, City, State, Zip Code	Phone No.	Vehicle riding in?	Injured? <i>(if known)</i>	Injury Description	
1.			<input type="checkbox"/> State Vehicle <input type="checkbox"/> Other Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.			<input type="checkbox"/> State Vehicle <input type="checkbox"/> Other Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.			<input type="checkbox"/> State Vehicle <input type="checkbox"/> Other Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.			<input type="checkbox"/> State Vehicle <input type="checkbox"/> Other Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PROPERTY DAMAGE <i>(to property other than vehicles)</i>						
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 <i>(including any photos obtained at the scene, other than law enforcement photos):</i>						
<input type="checkbox"/> Sketch or Drawing		<input type="checkbox"/> Law Enforcement Report		<input type="checkbox"/> Witness Statement		
<input type="checkbox"/> Photos		<input type="checkbox"/> Law Enforcement Accident Exchange Slip		<input type="checkbox"/> Supervisor Investigation Form		
<input type="checkbox"/> Driver's Signature		<input type="checkbox"/> 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.						