Arizona Department of Administration
RISK MANAGEMENT DIVISION
AUTOMOBILE LOSS REPORT

STATE AGENCY	Department	Division	Section	AFIS Mail Code	RMS No. (For RMS User Only)

FACTS

ACCIDENT/INCIDENT LOCATION Street Address

Intersecting Street or Highway No. and Mile Post No. | ☐ Intersection ☐ Nonintersection

CITY | ☐ Inside ☐ Outside | County: Greenlee | Weather

DATE OF ACCIDENT/INCIDENT	Day of Week	Hour	No. of Vehicles Involved	No. Persons Injured
	Sunday		1	0

MOTOR VEHICLE INVOLVED WITH 1. ☐ Pedestrian 2. ☐ Other Motor Vehicle 3. ☐ Other State Vehicle 4. ☐ Fixed Object 5. ☐ 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.	☐ Operator ☐ 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	Driver License No.	Exp. Date	State

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

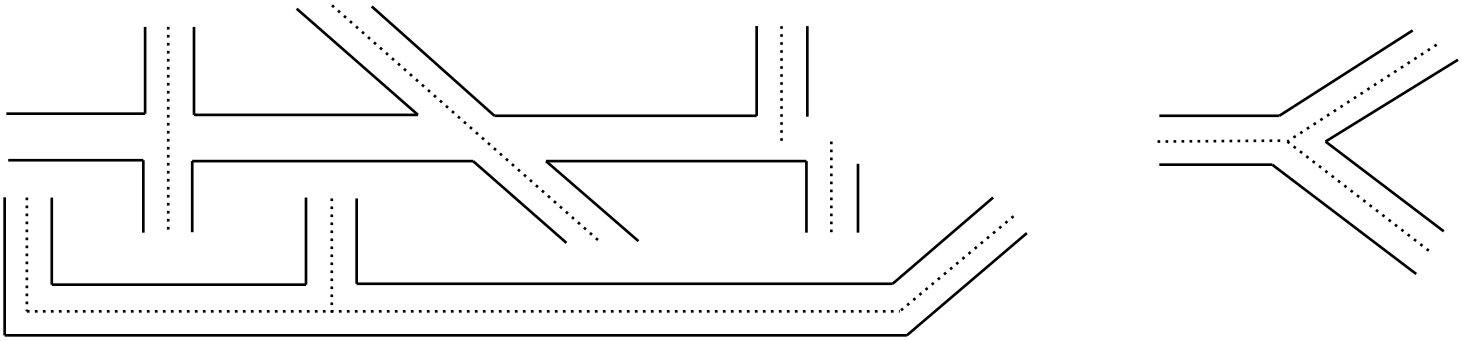
OVER

WITNESSES	Name	Address	Phone
	Name	Address	Phone

POLICE REPORT	Agency Officer and I.D. No. Report No.

PLEASE DESCRIBE HOW THE ACCIDENT/INCIDENT OCCURRED IN THE AREA BELOW.

DRAW ROUGH DIAGRAM OF THE EVENT: Show your car as 2 ; other car as 1 as the collision occurred. Show direction and distance traveled before crash by solid line thus: _____ . Then at point of crash; third, positions and distances traveled after collision. Show distance and direction traveled after crash by dotted line thus: _ _ _ _ _ _ _



I hereby certify that this is a true statement of the facts to the best of my knowledge and belief.

X

Driver's Signature _____ Date _____

☐ Phone
☐ In Person
☐ Mail

Authorized Supervisor _____ Date _____