

**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 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 ACCIDENT		Day of Week	Hour	No. of Vehicles Involved	No. Persons Injured
	MOTOR VEHICLE INVOLVED WITH					
STATE VEHICLE	Year	Make	Model	License No.	State	
	DOA Motor Pool Vehicle? (yes or no)	Vehicle No.	Removed To		Removed By	
	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.	
	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

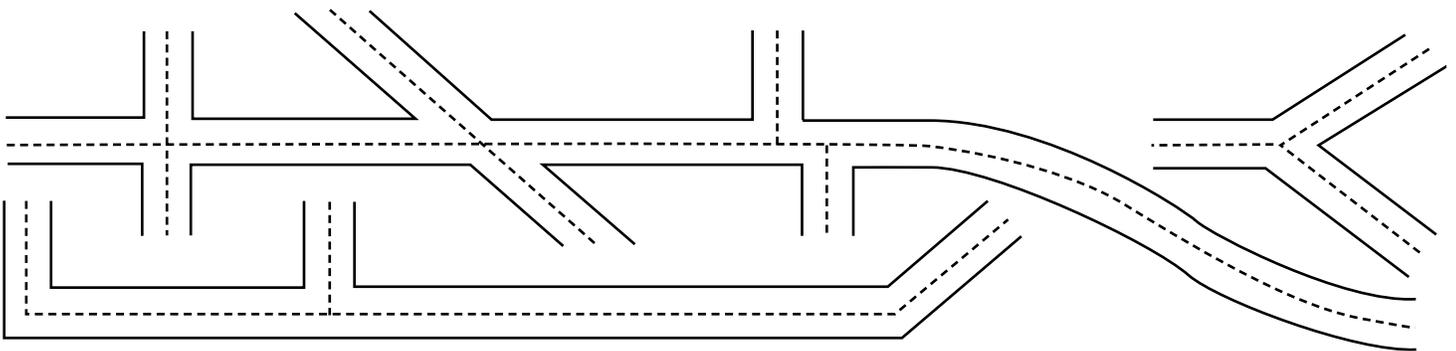
Agency

Officer and I.D. No.

Report No.



DRAW ROUGH DIAGRAM OF ACCIDENT: 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