

UNIVERSITY CLAIM #

Arizona Department of Administration
RISK MANAGEMENT SECTION
AUTOMOBILE LOSS REPORT

STATE Department Division Section AFIS Mail Code RMS NO.
(for RMS use only)

AGENCY U of A 412

ACCIDENT Street Address
LOCATION

Intersecting Street of Highway No. and Mile Post No. Intersection
 Non-Intersection

CITY Inside County Weather
 Outside

DATE OF ACCIDENT Day of Week Hour A.M. No. of Vehicles Involved No.
Persons Injured P.M.

MOTOR VEHICLE INVOLVED WITH 1. Pedestrian 3. Other State Vehicle 5. Other
2. Other Motor Vehicle 4. Fixed Object

Year Make Model License No. State

UA Vehicle No. Removed To Removed By
Motor Pool Vehicle?

Last Name First M.I. Point of Impact on Vehicle
Est. Cost Repair

Address City, State Zip
Phone(s)

Job Classification Department/Division/Section Drivers License No. Operator Exp.
Date State

Chauffeur
OTHER 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 M.I. Address City, State
Phone(s)

Last Name First M.I. Address City, State
Phone(s)

Insured By Drivers License No. Exp. Date
State

To Property Other Than Vehicles Est.
Cost Repair

Name and Address of

Owner of Property

Last Name First M.I. Address
Phone(s)

Description of Injury

Last Name First M.I. Address
Phone(s)

Description of Injury

Last Name First M.I. Address
Phone(s)

Description of Injury:

Last Name First M.I. Address
Phone(s)

Description of Injury:

Name Address

Phone

Name Address

Phone

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

IMPORTANT: DESCRIBE HOW ACCIDENT OCCURRED:

DRAW ROUGH DIAGRAM OF ACCIDENT: Show your car as ; other car as 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

(Drivers Name Print or Type)

Phone

In

Person

Mail

SUPERVISOR NAME (Print or Type)

(INT)

PHONE #

DATE

MAIL COMPLETED FORM TO: Risk Management, PO Box 210300, Tucson, Arizona 85721-0300 or FAX 621-3706