

UNIVERSITY CLAIM # _____

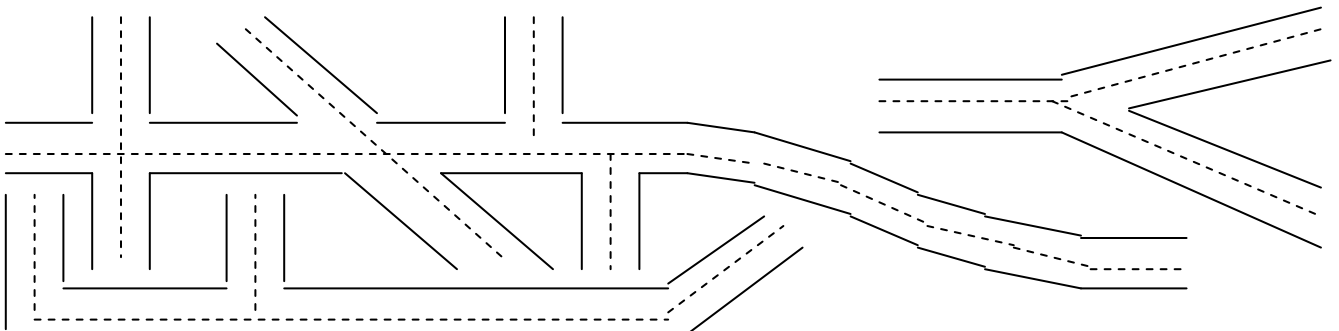
**Arizona Department of Administration
RISK MANAGEMENT SECTION
AUTOMOBILE LOSS REPORT**

STATE AGENCY	Department U of A 412	Division	Section	AFIS Mail Code	RMS NO. (for RMS use only)	
FACTS	ACCIDENT LOCATION Street Address					
	Intersecting Street of Highway No. and Mile Post No.				<input type="checkbox"/> Intersection <input type="checkbox"/> Non-Intersection	
	CITY <input type="checkbox"/> Inside <input type="checkbox"/> Outside		County		Weather	
	DATE OF ACCIDENT	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 3. <input type="checkbox"/> Other State Vehicle 5. <input type="checkbox"/> Other _____ 2. <input type="checkbox"/> Other Motor Vehicle 4. <input type="checkbox"/> Fixed Object					
STATE VEHICLE	Year	Make	Model	License No.	State	
	UA Motor Pool Vehicle?	Vehicle No.	Removed To	Removed By		
	DRIVER	Last Name		First	M.I.	Point of Impact on Vehicle
		Address			City, State Zip	Phone(s)
		Job Classification	Department/Division/Section		Drivers License No.	<input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur
OTHER VEHICLE <small>(More than 1 attach sheet)</small>	Year	Make	Type	License No.	State	
	VEHICLE	Removed To	Removed By	Point of impact on Vehicle	Est. Cost Repair	
	DRIVER	Last Name		First	M.I.	Address
		City, State			Phone(s)	
		Insured By		Drivers License No.		Exp. Date
PROPERTY DAMAGE	To Property Other Than Vehicles				Est. Cost Repair	
	Name and Address of Owner of Property					
INJURIES	Last Name First M.I. Address				Phone(s)	
	Description of Injury					
	Last Name First M.I. Address				Phone(s)	
	Description of Injury					

INJURIES	Last Name	First	M.I.	Address	Phone(s)
	Description of Injury:				
	Last Name	First	M.I.	Address	Phone(s)
	Description of Injury:				
WITNESSES	Name		Address		Phone
	Name		Address		Phone
POLICE REPORT	Agency		Officer and I.D. No.		Report No.

IMPORTANT: DESCRIBE HOW ACCIDENT OCCURRED:

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

(Drivers Name Print or Type)

- Phone
- In Person
- Mail

SUPERVISOR NAME (Print or Type) (INT) PHONE # DATE