

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 2. <input type="checkbox"/> Other Motor Vehicle 3. <input type="checkbox"/> Other State Vehicle 4. <input type="checkbox"/> Fixed Object 5. <input type="checkbox"/> Other _____ | | | | | | |
| 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 | Est. Cost Repair | | |
| | | Address | | | City, State Zip | Phone(s) | |
| | | Job Classification | Department/Division/Section | Drivers License No. | <input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur | Exp. Date | State |
| OTHER VEHICLE <small>(More than 1 attach sheet)</small> | 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 M.I. Address City, State Phone(s) | | | | | | |
| | DRIVER | Last Name First M.I. Address City, State Phone(s) | | | | | |
| | | Insured By Drivers 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 M.I. Address | | | | Phone(s) | | |
| | Description of Injury | | | | | | |
| | Last Name First M.I. Address | | | | Phone(s) | | |
| | Description of Injury | | | | | | |

