Arizona Department of Administration RISK MANAGEMENT SECTION AUTOMOBILE LOSS REPORT

	tate jenc		Department		Division				Section				AFIS Mail Code				RMS No. (For RMS User Only)	
	EVE	ENT S	Street Addres	SS														
FACTS	Intersecting Street or Highway No. and Mile Post No.														☐ Intersection			
																	□ Nonintersection	
	City						☐ Inside County ☐ Outside									W	Weather	
	DATE OF EVENT							Hour				No. of Vehicles Involved				No	No. Persons Injured	
	MOTOR VEHICLE INVOLVED WITH 1. Pedestrian 2. Other Motor Vehicle 3. Other State Vehicle 5. Other														icle			
STATE VEHICLE	Year Make												License No.					State
	DOA Motor Pool Vehicle? (yes or no)			Vehicl	icle No.			Removed To				Removed By						1
	()03	Last Name	Last Name				<u> </u>			MI		EIN			Home	Numbe	mber	
															Work N			
	Æ	Point of Impact on Vehicle										Est. Cost Repair				pair		
	DRIVER	Address								City					State		Zip	
		Job Classifica	ation		Depa	partment/Division/Section			Drivers License No.					Opei	Operator Ex		ate	State
														•	uffeur	•		
ieet)	VEH	IICLE	Year	IV	lake		Туре			Li			License No.			State		Vehicle No.
	INFORMATION Removed To						Remove	ed By		Point of I			oact c	n Ve	ı Vehicle E		Est. Cost Repair	
	Last Name OWNER Address						First					MI		Home Numb		nber		
ricle ach st										Lov					Work Num			
Other Vehicle (more than 1 attach sheet)							City							Stat	te	Zip	JI.	
ther re tha	Last Name					First				MI			Home N	umber	mber			
O @	띪									01:					Work Nu			
	DRIVER	Address	Address					City			City			State		Zip		
		Insured By					I			Driver License No.						Exp. Da	ate	State
PROPERTY DAMAGE	To Property Other Than Vehicles						•					Es				Est. Cost Repair		
PROP DAM	Name and address of Owner of Property																	
	Last	Name			First							MI		Home N	umber	ber		
														Work Num				
INJURIES	Address								City	/			Stat		е	Zip		
	Description of Injury																	
	Last Name						First								ome Number			
	Address						City								Work Nun		nber Zip	
							City					State				-iP		
	Description of Injury																	
	Last Name				First								MI	-	Home N			
	Address									City,				Stat	Work Nu			
	Address						ľ			City				oial	C	Zip	Σib	
	Description of Injury																	

SSES	Name	Address	Phone				
WITNESSES	Name	Address	Phone				
POLIC		Officer and I.D. No.	Report No.				
Descr	ption/Facts of Event						
direc		ur car as 2 ; other car as 1 as the coll olid line thus: Then at point of crance traveled after crash by dotted line thus:	ash; third, positions				
<u>-</u>		<u></u> /	*********				
I here	by certify that this is a true statement of the	best of my knowledge and belief.					
		-					
Drive	r's Signature	Date	□ Phone				
			☐ Phone ☐ In Person				
Auth	orized Supervisor	Date	□ Mail				
	 						

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