

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

<b>State Agency</b>	Department	Division	Section	AFIS Mail Code	RMS No. (For RMS User Only)
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<b>FACTS</b>	<b>EVENT LOCATION</b> 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 EVENT			Day of Week		Hour		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		No. of Vehicles Involved	
										No. Persons Injured	
	<b>MOTOR VEHICLE INVOLVED WITH</b> 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 _____										

  

<b>STATE VEHICLE</b>	Year		Make		Model		License No.		State		
	DOA Motor Pool Vehicle? (yes or no)		Vehicle No.		Removed To		Removed By				
	<b>DRIVER</b>	Last Name			First			MI	EIN	Home Number	
										Work Number	
		Point of Impact on Vehicle								Est. Cost Repair	
		Address				City			State	Zip	
		Job Classification		Department/Division/Section			Drivers License No.		<input type="checkbox"/> Operator <input type="checkbox"/> Chauffeur		Exp. Date

  

<b>Other Vehicle (more than 1 attach sheet)</b>	Year		Make		Type		License No.		State		Vehicle No.	
	<b>VEHICLE INFORMATION</b> Removed To				Removed By			Point of Impact on Vehicle			Est. Cost Repair	
	Last Name				First			MI	Home Number			
	Address				City			State	Zip			
	<b>DRIVER</b>	Last Name			First			MI	Home Number			
									Work Number			
		Address				City			State	Zip		
		Insured By				Driver License No.				Exp. Date		State

  

<b>PROPERTY DAMAGE</b>	To Property Other Than Vehicles										Est. Cost Repair	
	Name and address of Owner of Property											

  

<b>INJURIES</b>	Last Name			First			MI	Home Number				
								Work Number				
	Address				City			State	Zip			
	Description of Injury											
	Last Name			First			MI	Home Number				
								Work Number				
	Address				City			State	Zip			
	Description of Injury											
	Last Name			First			MI	Home Number				
								Work Number				
Address				City			State	Zip				
Description of Injury												

