STATE OF MISSOURI
OFFICE OF ADMINISTRATION
RISK MANAGEMENT SECTION

AUTOMOBILE LOSS NOTICE

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RISK MANAGEMENT SECTION
OFFICE OF ADMINISTRATION
P.O. BOX 809
JEFFERSON CITY, MISSOURI 65102
TELEPHONE NUMBER (573) 751-4044
FAX NUMBER (573) 751-7819

This form **must be completed** for the Risk Management office to start a file. Please complete and **fax or mail** this form to Risk Management within 24-48 hours of the accident. **PLEASE PRINT CLEARLY OR TYPE.**

REMARKS

FOR OFFICE USE ONLY

REPORTING AGENCY

STATE DEPARTMENT

ADDRESS

CITY | STATE | ZIP CODE

SAM II AGENCY NUMBER | SAM II ORG NUMBER

PERSON TO CONTACT FOR QUESTIONS REGARDING THIS CLAIM

NAME _____

CONTACT'S BUSINESS PHONE (A/C, NO., EXT.) _____

AGENCY PHONE (A/C, NUMBER) _____

ACCIDENT INFORMATION

LOCATION OF ACCIDENT (INCLUDING CITY & STATE) | POLICE CONTACTED (Y/N) AND REPORT NO. | VIOLATIONS/CITATIONS

DATE (MM/DD/YY) & TIME OF LOSS

☐ A.M. ☐ P.M.

WEATHER CONDITION

DESCRIPTION OF ACCIDENT (USE REVERSE SIDE, IF NECESSARY) **THIS IS REQUIRED.**

STATE VEHICLE INFORMATION

YEAR | MAKE | MODEL | V.I.N. (VEHICLE IDENTIFICATION) | PLATE NUMBER

OWNER'S NAME AND ADDRESS | PHONE (A/C, NO., EXT.)

DRIVER'S NAME AND ADDRESS **(CHECK IF STATE EMPLOYEE)** ☐ | DRIVER'S SOCIAL SECURITY # **REQUIRED** | BUSINESS PHONE (A/C, NO., EXT.)

RELATION TO INSURED (EMPLOYEE, FAMILY, ETC.) | DATE OF BIRTH | PURPOSE OF USE | PERMISSION TO USE ☐ YES ☐ NO | PARKED/UNOCCUPIED ☐ YES ☐ NO

DESCRIBE DAMAGE | ESTIMATE AMOUNT $ | WHERE CAN VEHICLE BE SEEN | OTHER INSURANCE ON VEHICLE ☐ YES ☐ NO

OTHER VEHICLE INVOLVED OR PROPERTY DAMAGED IN ACCIDENT

DESCRIBE PROPERTY (IF AUTO, YEAR, MAKE, MODEL, PLATE NO.) | OTHER VEH. OR PROP. INSURED ☐ YES ☐ NO | COMPANY OR AGENCY NAME AND POLICY NUMBER

OWNER'S NAME AND ADDRESS | BUSINESS PHONE (A/C, NO., EXT.) | RESIDENCE PHONE (A/C, NO.)

OTHER DRIVER'S NAME AND ADDRESS (CHECK IF SAME AS OWNER) ☐ | BUSINESS PHONE (A/C, NO., EXT.) | RESIDENCE PHONE (A/C, NO.)

DESCRIBE DAMAGE | ESTIMATE AMOUNT $ | LOCATION OF VEHICLE

INJURED

NAME AND ADDRESS	PHONE (A/C, NO.)	PED	INS. VEH.	OTHER VEH.	AGE	EXTENT OF INJURY

WITNESSES OR PASSENGERS

NAME AND ADDRESS	PHONE (A/C, NO.)	INS. VEH.	OTHER VEH.	OTHER (SPECIFY)

FORM COMPLETED BY **(PLEASE PRINT)** | SIGNATURE