STATE OF MISSOURI
OFFICE OF ADMINISTRATION
RISK MANAGEMENT SECTION

AUTOMOBILE LOSS NOTICE

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			PERSON TO CONTACT FOR QUESTIONS REGARDING THIS CLAIM
ADDRESS			NAME _____
CITY	STATE	ZIP CODE	CONTACT'S BUSINESS PHONE (A/C, NO., EXT.) _____
SAM II AGENCY NUMBER	SAM II ORG NUMBER		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			PREVIOUSLY REPORTED	
		A.M.		YES
		P.M.		NO

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	DRIVERS LICENSE NUMBER	PURPOSE OF USE	USED WITH PERMISSION ☐ 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 $	WHERE CAN DAMAGE BE SEEN

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)

REMARKS

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

MO 300-0068N (10-02)