

LIABILITY ACCIDENT NOTICE

Auto Other

DEPARTMENT		SECTION		LOC. CODE	DIRECTOR		
DIVISION		REGION		LOC. NAME	SUPERVISOR		
STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE	
LAST NAME		FIRST NAME					
ADDRESS			ZIP	RESIDENCE PHONE	BUSINESS PHONE		
WHERE CAN EMPLOYEE BE CONTACTED?					WHEN?		
ACCIDENT		ACCIDENT		ACCIDENT		ACCIDENT	
DATE & TIME OF ACCIDENT OR LOSS <small>A.M./P.M.</small>		LOCATION OF ACCIDENT (INCLUDING CITY & STATE)			POLICE TO WHOM REPORTED		
DESCRIPTION OF ACCIDENT OR LOSS (USE REVERSE, IF NECESSARY)							
STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY			STATE VEHICLE - AUTO ONLY		
VEHICLE NO.	YEAR	MAKE	MODEL	VIN (VEHICLE IDENTIFICATION NO.)	PLATE NO.		
STATE OWNED <input type="checkbox"/> OR LEASED <input type="checkbox"/>		ADDRESS OF LESSOR				PHONE	
NAME OF DRIVER		AGE	ADDRESS OF DRIVER			PHONE	
WAS DRIVER A STATE EMPLOYEE? YES <input type="checkbox"/> NO <input type="checkbox"/>		PURPOSE OF USE			USED WITH PERMISSION? YES <input type="checkbox"/> NO <input type="checkbox"/>		
DESCRIBE DAMAGE			REPAIR ESTIMATE \$	WHERE CAN VEHICLE BE SEEN?	WHEN?		
PROPERTY DAMAGE		PROPERTY DAMAGE			PROPERTY DAMAGE		
OWNER		ADDRESS				PHONE	
OTHER DRIVER () SAME AS OWNER		ADDRESS				PHONE	
DESCRIBE PROPERTY (IF AUTO: MAKE, YEAR, PLATE NO.)		OTHER CAR OR PROPERTY INSURED YES <input type="checkbox"/> NO <input type="checkbox"/>		COMPANY OR AGENCY NAME & POLICY NO.			
DESCRIBE DAMAGE			REPAIR ESTIMATE \$	WHERE CAN CAR BE SEEN?			
INJURED		INJURED		INJURED		INJURED	
				AGE	STATE VEH. PASS	OTHER VEH. PASS	PED.
NAME		ADDRESS	PHONE	EXTENT OF INJURY			
CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO			CLAIMANT: NON-AUTO		
OCCUPATION		EMPLOYED BY			ADDRESS OF EMPLOYER		
PROBABLE DISABILITY WEEKS		RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		WHY ON PREMISES		STATE VEH.	OTHER VEH.
WITNESS		WITNESS		WITNESS		WITNESS	
NAME		ADDRESS		PHONE			
REMARKS							
DATE	REPORTED BY	REPORTED TO	SIGNATURE(PREPARED BY)				