



MARICOPA COUNTY

RISK MANAGEMENT DEPARTMENT

222 NORTH CENTRAL AVENUE, SUITE 1110, PHOENIX, AZ 85004

PHONE (602) 506-2298 FAX (602) 506-5939

AUTO LOSS NOTICE

DEPARTMENT

DEPARTMENT NAME	Agency No.	Org No.	Dept Phone
DEPARTMENT ADDRESS			Zip Code
LAST NAME EMPLOYEE	FIRST NAME EMPLOYEE	Initial	Special ID or Social Security No.

COUNTY VEHICLE

VEHICLE NUMBER	Year	Make	Model	VIN(Vehicle Identification Number)	Plate Number	Other Insurance
NAME OF DRIVER <input type="checkbox"/> SAME AS EMPLOYEE		PURPOSE OF USE				
DESCRIBE DAMAGE						
Repair Estimate	Location of Vehicle				When?	

ACCIDENT

DATE & TIME OF ACCIDENT	ACCIDENT LOCATION (including City & State)	POLICE TO WHOM REPORTED	POLICE REPORT #
<input type="checkbox"/> AM <input type="checkbox"/> PM			
DESCRIPTION OF ACCIDENT OR LOSS			

INJURED

NAME	Address & Phone	Extent of Injury	AGE

WITNESSES

NAME	Address	Phone

CLAIMANT PROPERTY DAMAGE

DESCRIBE DAMAGE AND ID OF VEHICLE OR PROPERTY DAMAGE (OTHER THAN AUTO)		
NAME OF DRIVER/OWNER	HOME ADDRESS	PHONE
ESTIMATED COST OF REPAIRS	CLAIMANT'S INSURANCE CARRIER AND POLICY NUMBER	
\$		

REMARKS

REMARKS

DATE	REPORTED BY: NAME AND TITLE	NAME OF SUPV., MGR., OR DIRECTOR