



RISK MANAGEMENT PROGRAM

P.O. Box 165460
 Little Rock, Arkansas 72216
 1-866-223-9587 phone
 501-687-0225 fax

VEHICLE LOSS NOTICE

Date of Loss: _____ Previously Reported? Yes No

If yes, to whom? _____

Time of Loss: _____ AM PM by phone: _____ by mail: _____
 LEA# _____

SCHOOL DISTRICT / ADDRESS	CONTACT PERSON	PHONE NUMBER(S)
	E-mail: _____	

***** LOSS INFORMATION *****

LOCATION OF ACCIDENT	POLICE DEPARTMENT	POLICE PHONE
CITATIONS ISSUED?	Yes No	
ROAD CONDITIONS:	WET DRY	
ROAD SURFACE:	GRAVEL PAVEMENT	
LOCATION:	RURAL URBAN	2-LANE 4-LANE

***** INSURED (SCHOOL) VEHICLE *****

DRIVER'S NAME & ADDRESS	MAKE & MODEL:
	YEAR: _____ VIN: _____
	DOB: _____
	DL #: _____ Drug Tested? Yes No

DESCRIBE DAMAGE: _____

ESTIMATE AMOUNT: \$ _____ CURRENT VEHICLE LOCATION: _____

***** OTHER VEHICLE/PROPERTY *****

YEAR, MAKE & MODEL:	VIN:
OWNER'S NAME & ADDRESS	DRIVER'S NAME & ADDRESS (if diff. from owner)
PHONE:	PHONE:
DOB: _____ DL #: _____	DOB: _____ DL #: _____
OTHER INSURANCE: Yes No	OTHER INSURANCE PHONE:
DESCRIBE DAMAGE:	
ESTIMATE AMOUNT: \$ _____	OTHER VEHICLE LOCATION: _____

INJURED

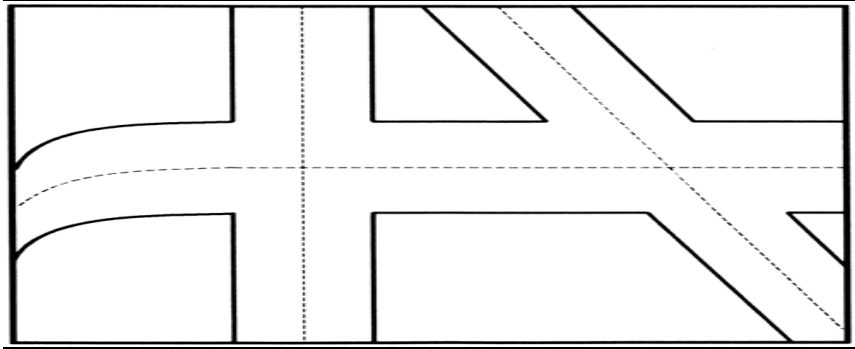
NAME	PHONE	ADDRESS	INJURY

WITNESSES/ PASSENGERS

NAME	PHONE	ADDRESS	STATEMENT

DESCRIBE ACCIDENT

ACCIDENT DIAGRAM



THIS SECTION MUST BE COMPLETED BY SUPERVISOR

Do you think a claim will be made against you?

YES

NO

Comments:

Date of This Report:

Signature & Title:

COVERAGE INFORMATION

Arkansas School Boards - Risk Management Program and member entities pursuant to Act 189 of 1989 have been certified as self-insured under Arkansas Statute 27-19-107 of the Arkansas Safety Responsibility Act. This serves as verification of compliance with the Arkansas mandatory liability requirement for all motor vehicles owned/leased by the member entity.

AGENCY ISSUING CARD:

ASBA - RISK MANAGEMENT PROGRAM
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LITTLE ROCK, ARKANSAS 72216
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