



RISK MANAGEMENT PROGRAM
 P.O. Box 165460
 Little Rock, Arkansas 72216
 1-501-492-4800 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# _____ Original submission date: _____

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

LOSS

LOCATION OF ACCIDENT	POLICE DEPARTMENT	POLICE PHONE
VIOLATIONS?		

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?:
DESCRIBE DAMAGE:		

ESTIMATE AMOUNT: \$	CURRENT VEHICLE LOCATION:
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*** OTHER VEHICLE/PROPERTY ***

OWNER'S NAME & ADDRESS	MAKE & MODEL:	
	YEAR:	VIN:
	DOB:	
	DL #:	
PHONE		
DRIVER'S NAME, ADDRESS, PHONE:		
OTHER INSURANCE YES/NO		OTHER INSURANCE PHONE:
DESCRIBE DAMAGE:		
ESTIMATE AMOUNT: \$	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 entitles 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 P.O. Box 165460 LITTLE ROCK, ARKANSAS 72216 1-866-223-9587			