

RISK MANAGEMENT PROGRAM

808 Dr. Martin Luther King, Jr. Drive

Little Rock, Arkansas 72202

Phone: 501-372-1415 Toll Free: 800-482-1212

Fax: 501-375-2454 Email: shannon@arsba.org

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: _____
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INJURED

NAME	PHONE	ADDRESS	INJURY

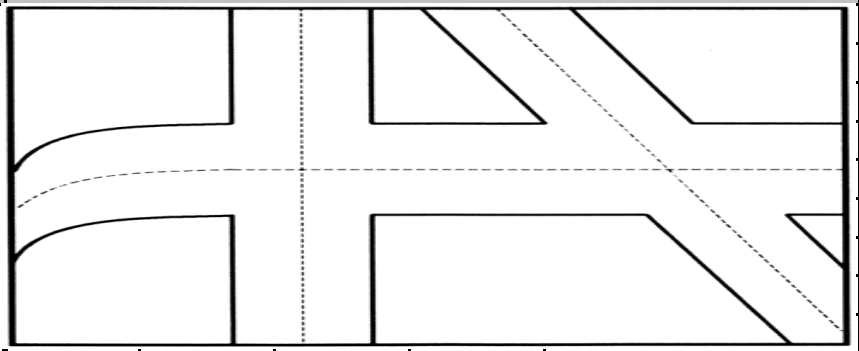
WITNESSES/ PASSENGERS

NAME	PHONE	ADDRESS	STATEMENT

DESCRIBE ACCIDENT

ACCIDENT DIAGRAM

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THIS SECTION MUST BE COMPLETED BY SUPERVISOR

Do you think a claim will be made against you?	YES	NO
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Comments:

Date of This Report:	Signature & Title:
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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
808 DR. MARTIN LUTHER KING, JR. DRIVE
LITTLE ROCK, ARKANSAS 72202-3646
1-800-482-1212 (in state) or 501-372-1415