



ARKANSAS
SCHOOL BOARDS
ASSOCIATION

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# _____ 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:
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DESCRIBE DAMAGE: _____

ESTIMATE AMOUNT: \$	VEHICLE LOCATION:
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INJURED

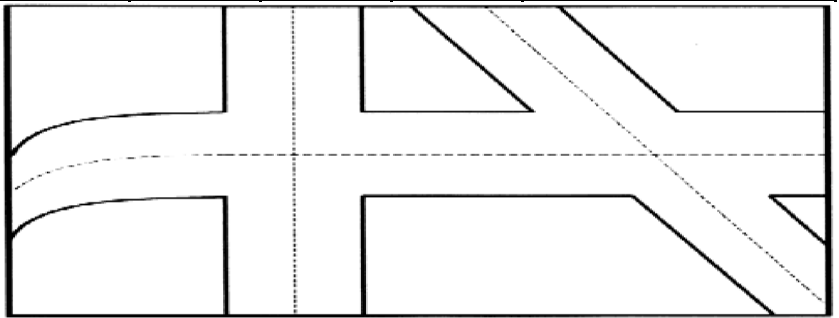
NAME	PHONE	ADDRESS	INJURY

WITNESSES/ PASSENGERS

NAME	PHONE	ADDRESS	STATEMENT

DESCRIBE ACCIDENT

ACCIDENT DIAGRAM



THIS SECTION MUST BE COMPLETED BY SUPERVISOR

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

Comments: _____

AGENCY ISSUING CARD:
ASBA - RISK MANAGEMENT PROGRAM
P.O. Box 165460
LITTLE ROCK, ARKANSAS 72216
1-866-223-9587