



STATE OF MISSOURI
 OFFICE OF ADMINISTRATION
 RISK MANAGEMENT SECTION
ACCIDENT ON STATE PROPERTY - LOSS NOTICE (NON-VEHICLE)

RISK MANAGEMENT SECTION OFFICE OF ADMINISTRATION P.O. BOX 809 JEFFERSON CITY, MISSOURI 65102 TELEPHONE NUMBER (573) 751-4044 FAX NUMBER (573) 751-7819	This form must be completed for the Risk Management office to start a file. Please complete and fax or mail this form to Risk Management within 24-48 hours of the accident. PLEASE PRINT CLEARLY OR TYPE. REMARKS
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REPORTING AGENCY			
STATE DEPARTMENT		PERSON TO CONTACT FOR QUESTIONS REGARDING THIS CLAIM	
ADDRESS		NAME _____	
CITY	STATE	ZIP CODE	CONTACT'S BUSINESS PHONE (A/C, NO., EXT.) _____
SAM II AGENCY NUMBER	SAM II ORG NUMBER		AGENCY PHONE (A/C, NUMBER) _____

ACCIDENT INFORMATION		
LOCATION OF ACCIDENT (INCLUDING CITY & STATE)	POLICE CONTACTED (Y/N) AND REPORT NO.	VIOLATIONS/CITATIONS

DATE (MM/DD/YY) & TIME OF LOSS	PREVIOUSLY REPORTED	DESCRIPTION OF ACCIDENT REQUIRED
	A.M. YES	
	P.M. NO	

CLAIMANT			
NAME AND ADDRESS	PHONE (A/C, NO.)	AGE	EXTENT OF INJURY

WITNESSES	
NAME AND ADDRESS	PHONE (A/C, NO.)

REMARKS

FORM COMPLETED BY (PLEASE PRINT)	SIGNATURE
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