



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

FOR OFFICE USE ONLY

**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
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DATE (MM/DD/YY) & TIME OF LOSS	PREVIOUSLY REPORTED		<b>DESCRIPTION OF ACCIDENT REQUIRED</b>
	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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