

# AUTOMOBILE LOSS NOTICE

Date of Report: \_\_\_\_\_

State of Hawaii  
DAGS – ASO Risk Management Office  
P.O. Box 119  
Honolulu, Hawaii 96810-0119

Department: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Accident: \_\_\_\_\_

Time of Accident: \_\_\_\_\_

Location of Accident: \_\_\_\_\_  
\_\_\_\_\_

HPD Notified: \_\_\_\_\_ Y \_\_\_\_\_ N

Police Report No: \_\_\_\_\_

## DESCRIPTION OF ACCIDENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State vehicle:

Year, Make & Model: \_\_\_\_\_ License Plate No: \_\_\_\_\_

Vehicle Identification No. (serial no.) \_\_\_\_\_

Describe Damage \_\_\_\_\_

Estimate Amount \$ \_\_\_\_\_

State Driver's Name & Work Place Address:

\_\_\_\_\_ Work Phone No: \_\_\_\_\_

\_\_\_\_\_ Home Phone No: \_\_\_\_\_

State Driver's License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

At the time of accident, what was purpose of trip? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**OTHER VEHICLE(S) INVOLVED OR PROPERTY:**

**Describe Property (if auto, year, make, model & license plate no.)**

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**Describe Damage Vehicle:** \_\_\_\_\_

**Estimate Amount: \$** \_\_\_\_\_

**Owner's Name & Address:**

\_\_\_\_\_ **Work Phone No:** \_\_\_\_\_

\_\_\_\_\_ **Home Phone No:** \_\_\_\_\_

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**Other Driver (if different from owner) Name, Address:**

\_\_\_\_\_ **Work Phone No:** \_\_\_\_\_

\_\_\_\_\_ **Home Phone No:** \_\_\_\_\_

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**Identify All Injured:**

**Name & Address**

**Phone Numbers**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Identify All Witnesses:**

**Name & Address**

**Phone Numbers**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**Reported by:** \_\_\_\_\_ **Reported to:** \_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_