STATE OF MISSOURI
OFFICE OF ADMINISTRATION
RISK MANAGEMENT SECTION

ACCIDENT ON STATE PROPERTY – LOSS NOTICE

Case Claim No.	Date (MM/DD/YY)

FOR OFFICE USE ONLY

MAIL THIS REPORT TO:

RISK MANAGEMENT SECTION
OFFICE OF ADMINISTRATION
P.O. BOX 809
JEFFERSON CITY, MISSOURI 65102

Telephone Number (314) 751-4044
Fax Number (314) 751-7819

RISK & INSURANCE SPECIALIST

STATE OF MISSOURI

Remarks

DEPARTMENT/DIVISION/SECTION

Name and Address

Agency Contact Person

Agency Phone (A/C, NO., EXT.)

Contact's Business Phone (A/C, NO., EXT.)

LOSS

Location of Accident (including City and State)

Police Contacted (Y/N) and Report No.

Violations/Citations

Date (MM/DD/YY) & Time of Loss			Previously Reported	
		A.M.		Yes
		P.M.		No

Description of Accident (Use Reverse Side if Necessary)

CLAIMANT

Name and Address	PHONE (A/C, NO.)	AGE	EXTENT OF INJURY

Name and Address	PHONE (A/C, NO.)

Remarks

Reported By	Reported To	Signature

MO 300-0167 (4-93)