

# 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:**

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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: \_\_\_\_\_  
\_\_\_\_\_

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

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

Identify All Injured:

Name & Address

Phone Numbers

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

Identify All Witnesses:

Name & Address

Phone Numbers

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

Additional Comments:

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

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

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

# DRIVER'S REPORT OF ACCIDENT

DATE	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	STREET
TOWN			STATE

## OTHER CAR (SEPARATE FORMS IF MORE THAN ONE)

NAME OF DRIVER	
ADDRESS	PHONE
NAME OF OWNER	
ADDRESS	PHONE
MAKE	VEHICLE LICENSE NO.
TYPE	SERIAL OR MOTOR NO.
OTHER DRIVER'S INSURANCE CARRIER	OPERATOR'S LICENSE NO.

EXPLAIN DAMAGE TO OTHER CAR OR PROPERTY

## PERSONS INJURED

NAME	AGE
ADDRESS	
NAME	AGE
ADDRESS	
NAME OF OFFICER PRESENT	
DRIVER'S SIGNATURE	COMPANY VEHICLE NO.

*Describe briefly how accident happened and provide diagram above.*

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