

PRINT LEGIBLY OR TYPE

STATE OF HAWAII
AUTOMOBILE LOSS NOTICE

1. DATE OF LOSS: _____ 2. TIME OF LOSS: _____ AM PM
3. POLICE REPORT #: _____ 4. DEPARTMENT: _____
5. DIVISION: _____ 6. BRANCH: _____
7. ACCIDENT LOCATION: Street Names, Address, City, State: _____

8. ACCIDENT DESCRIPTION:

9. PURPOSE OF TRIP AT TIME OF ACCIDENT:

STATE OR RENTAL VEHICLE	(If damage is to a vehicle rented to a State employee, input the information on the vehicle rented to the State employee here) Year: _____ Make: _____ Model: _____ VIN: _____ License Plate #: _____ Describe Damage to State Vehicle: _____ Estimated Damage Amount: \$ _____
STATE DRIVER INFO	Driver Name: _____ Work Phone: _____ State Work Place/Location: _____ Driver Position Title: _____ Home/Cell #: _____ Driver Email: _____ Did you have permission to drive this vehicle: YES NO Name of the person who gave you permission: _____ Provide that person's work phone number: _____
OTHER DRIVER INFO (IF APPLICABLE)	Driver Name: _____ Phone #: _____ Address: _____ City: _____ St: ___ Zip: _____ Email: _____ Is the Driver the Owner? YES NO Note: if the driver was not the owner, provide the owner (or rental car company) info below:
OWNER'S INFO	Owner Name: _____ Phone #: _____ Address: _____ City: _____ St: ___ Zip: _____ Owner Email: _____

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OTHER VEHICLE INFO	Year: _____ Make: _____ Model: _____ VIN: _____ License Plate #: _____ Describe Damage to Other Vehicle: _____ Estimated Damage Amount: \$ _____ Insurance Carrier: _____ Policy #: _____
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INJURED PERSONS	Name: _____ Address: _____ Phone: _____ Person was in: State Veh Other Veh Other Name: _____ Address: _____ Phone: _____ Person was in: State Veh Other Veh Other
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PROPERTY DAMAGE (if other than a vehicle)	Owner Name: _____ Phone #: _____ Description of Property: _____ Describe Damage: _____
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WITNESSES	<table style="width: 100%;"><thead><tr><th style="width: 33%;">Name</th><th style="width: 33%;">Address</th><th style="width: 33%;">Phone</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	Name	Address	Phone	_____	_____	_____	_____	_____	_____	_____	_____	_____
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PASSENGERS IN STATE VEHICLE	<table style="width: 100%;"><thead><tr><th style="width: 33%;">Name</th><th style="width: 33%;">Address</th><th style="width: 33%;">Phone</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	Name	Address	Phone	_____	_____	_____	_____	_____	_____	_____	_____	_____
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If there is any additional information you wish to provide, write on the back of this form.

STATE DRIVER'S SIGNATURE: _____ DATE SIGNED: _____

SUPERVISOR'S SIGNATURE: _____ DATE SIGNED: _____

SUPERVISOR PRINT NAME: _____ PHONE #: _____

SUPERVISOR TITLE: _____

SUPERVISOR EMAIL: _____