

**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: \_\_\_\_\_
- \_\_\_\_\_

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

## AUTOMOBILE LOSS NOTICE – PAGE 2

<b>OTHER VEHICLE INFO</b>	Year: _____ Make: _____ Model: _____ VIN: _____ License Plate #: _____ Describe Damage to Other Vehicle: _____ _____ Estimated Damage Amount: \$ _____ Insurance Carrier: _____ Policy #: _____												
<b>PROPERTY DAMAGE (if other than a vehicle)</b>	Owner Name: _____ Phone #: _____ Description of Property: _____ Describe Damage: _____ _____												
<b>WITNESSES</b>	<table style="width: 100%;"><thead><tr><th style="width: 33%;">Name</th><th style="width: 33%;">Address</th><th style="width: 33%;">Telephone</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	Telephone	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Address	Telephone											
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<b>PASSENGERS IN STATE VEHICLE</b>	<table style="width: 100%;"><thead><tr><th style="width: 33%;">Name</th><th style="width: 33%;">Address</th><th style="width: 33%;">Telephone</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	Telephone	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____											
<b>ADDITIONAL INFO</b>	Any additional information to provide? _____ _____ _____												

STATE DRIVER'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_/\_\_\_\_/\_\_\_\_

SUPERVISOR PRINT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SUPERVISOR TITLE: \_\_\_\_\_

SUPERVISOR EMAIL: \_\_\_\_\_