

**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 VEHICLE	<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>
STATE DRIVER INFO	<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>
OTHER DRIVER INFO (IF APPLICABLE)	<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>
OWNER'S INFO	<p>Owner Name: _____ Phone #: _____</p> <p>Address: _____ City: _____ St: ____ Zip: _____</p> <p>Owner Email: _____</p>

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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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PROPERTY DAMAGE (if other than a vehicle)	Owner Name: _____ Phone #: _____ Description of Property: _____ Describe Damage: _____ _____
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WITNESSES	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Address</th> <th style="width: 33%;">Telephone</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Name	Address	Telephone	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Address	Telephone											
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PASSENGERS IN STATE VEHICLE	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Address</th> <th style="width: 33%;">Telephone</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Name	Address	Telephone	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Address	Telephone											
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ADDITIONAL INFO	Any additional information to provide? _____ _____ _____
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STATE DRIVER'S SIGNATURE: _____ DATE SIGNED: ____/____/____

SUPERVISOR'S SIGNATURE: _____ DATE SIGNED: ____/____/____

SUPERVISOR PRINT NAME: _____ PHONE #: _____

SUPERVISOR TITLE: _____

SUPERVISOR EMAIL: _____