

AUTOMOBILE LOSS NOTICE

TODAYS DATE (MM/DD/YY)

Golden State Risk Management Authority
243-247 West Sycamore Street
Post Office Box 706
Willows, California 95988

claims@gsrma.org
Fax: (530) 934-8133
Phone: (530) 934-5633

DATE OF LOSS (mm/dd/yy)

TIME OF LOSS

AM	
PM	

MEMBER AGENCY/CONTACT

NAME	CONTACT NUMBER
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LOSS

LOCATION OF ACCIDENT	<i>POLICE OR FIRE DEPARTMENT TO WHICH REPORTED</i>
CITATIONS/VIOLATIONS	REPORT #
DESCRIPTION OF ACCIDENT (Use reverse side, if necessary)	

INSURED VEHICLE

Vehicle Make	Model	Year	VIN#
Drivers Name/Address:		Date of Birth Drivers License #	
Describe Damage		Estimated Damage Amount	
Where & When Can Vehicle Be Seen?			

PROPERTY DAMAGED (Use reverse side, if necessary)

Describe Property
Owner's Name and Address
Other Driver's Name and Address
Describe Damage

INJURED (Use reverse side, if necessary)

Names and Addresses	Extent of Injury
Phone	Age of Injured

WITNESSES OR PASSENGERS (Use reverse side, if necessary)

Names and Addresses Phone	Other (please specify)
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Name of person completing form:

Date

Auto Loss Notice

1. Use this form when any District vehicle covered under your policy has been damaged (i.e. collision, broken window, scratches, dents or dings, etc.).
2. This form should be completed by the employee involved in the incident or a District representative.
3. Include as much information as possible when reporting the loss and take photos of the damage, if possible.
4. Upon completion, keep original documents in District files and forward a copy to GSRMA at: claims@gsrma.org or (530) 934-8133 (fax).