



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
RISK MANAGEMENT SECTION

**ACCIDENT ON STATE PROPERTY - LOSS NOTICE (NON-VEHICLE)**

<b>RISK MANAGEMENT SECTION</b> <b>OFFICE OF ADMINISTRATION</b> <b>P.O. BOX 809</b> <b>JEFFERSON CITY, MISSOURI 65102</b> <b>TELEPHONE NUMBER (573) 751-4044</b> <b>FAX NUMBER (573) 751-7819</b> <b>EMAIL: RISK@OA.MO.GOV</b>	This form <b>must be completed</b> for the Risk Management office to start a file. Please complete and <b>fax or mail</b> this form to Risk Management within 24-48 hours of the accident. <b>PLEASE PRINT CLEARLY OR TYPE. Please send any pictures or documentation to risk@oa.mo.gov</b>
REMARKS	

REPORTING AGENCY			
STATE AGENCY	ORGANIZATION	AGENCY CONTACT REGARDING CLAIM	
ADDRESS		NAME _____	
CITY	STATE	ZIP CODE	CONTACT PHONE NUMBER _____
			EMAIL _____

ACCIDENT INFORMATION		
LOCATION OF ACCIDENT (INCLUDING CITY & STATE)	POLICE CONTACTED AND REPORT NO. <input type="checkbox"/> YES <input type="checkbox"/> NO	WEATHER CONDITIONS
DATE (MM/DD/YY) AND TIME OF LOSS	<input type="checkbox"/> STATE OWNED <input type="checkbox"/> LEASED	LEASE INFORMATION

ACCIDENT DESCRIPTION

CLAIMANT			
NAME		ADDRESS	
MINOR <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEPHONE NUMBER	EXTENT OF INJURY	
PARENT/GUARDIAN INFORMATION			TELEPHONE NUMBER
WITNESSES			
FORM COMPLETED BY (PLEASE PRINT)		SIGNATURE	