STATE OF MISSOURI
OFFICE OF ADMINISTRATION
RISK MANAGEMENT SECTION

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

RISK MANAGEMENT SECTION
OFFICE OF ADMINISTRATION
P.O. BOX 809
JEFFERSON CITY, MISSOURI 65102
TELEPHONE NUMBER (573) 751-4044
FAX NUMBER (573) 751-7819
EMAIL: RISK@OA.MO.GOV

This form **must be completed** for the Risk Management office to start a file. Please complete and **fax or mail** this form to Risk Management within 24-48 hours of the accident. **PLEASE PRINT CLEARLY OR TYPE. Please send any pictures or documentation to risk@oa.mo.gov**

REMARKS

REPORTING AGENCY

STATE AGENCY	ORGANIZATION	
ADDRESS		
CITY	STATE	ZIP CODE

AGENCY CONTACT REGARDING CLAIM

NAME _____

CONTACT PHONE NUMBER _____

EMAIL _____

ACCIDENT INFORMATION

LOCATION OF ACCIDENT (INCLUDING CITY & STATE)	POLICE CONTACTED AND REPORT NO. ☐ YES ☐ NO	WEATHER CONDITIONS
DATE (MM/DD/YY) AND TIME OF LOSS	☐ STATE OWNED ☐ LEASED	LEASE INFORMATION

ACCIDENT DESCRIPTION

CLAIMANT

NAME		ADDRESS
MINOR ☐ YES ☐ NO	TELEPHONE NUMBER	EXTENT OF INJURY

PARENT/GUARDIAN INFORMATION	TELEPHONE NUMBER

WITNESSES

FORM COMPLETED BY (PLEASE PRINT)	SIGNATURE