STATE OF ALASKA

DEPARTMENT OF ADMINISTRATION
Division of Risk Management
PO Box 110218
Juneau AK 99811-0218
Phone (907) 465-2180

LIABILITY ACCIDENT NOTICE

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	DEPARTMENT			SE	SECTION			C. CODE DIRECTOR				
	DIVISION			RE	REGION LC		LOC. NAI	ME	SUPERVISOR			
	STATE EM	IPLOYFF	STATE EMP	PLOYFF	Ç	STATE EMPLOY	'EE	STAT	E EMPLO	YEE		
	LAST NAME	, ,			RST NAME			J 1731				
	ADDRESS					ZIP	RESIDENC	E PHON	NE BUSII	NESS PHON	E	
	WHERE CAN EMP	PLOYEE BE CONT	ACTED?				I		WHEN?			
	ACCIDENT ACCIDEN					ACCIDENT		A	CCIDENT	Γ		
	DATE & TIME OF ACCIDENT OR LOSS A.M./P.M. DESCRIPTION OF ACCIDENT OR LOSS (USE REVERSE, IF NECESSA				CIDENT (INCLUDING CITY & STATE)				POLICE TO WHOM REPORTED			
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	ı	<u>CLE - AUTO OI</u>	1	STATE V		- AUTO ONLY				10 OTUA	<u>ILY</u>	
	VEHICLE NO.	YEAR	MAKE		MODE	L	,	LE IDEN	TIFICATION	PLATE NO.		
	STATE OWNED	OR LEASED	ADDRESS OF LES	SSOR	NO.)					PHONE		
	NAME OF DRIVER	AGE					PHONE					
	WAS DRIVER A STATE EMPLOYEE? PURPOSE OF USE YES □ NO □									USED WITH PERMISSION? YES □ NO □		
	DESCRIBE DAMAGE					REPAIR ESTIMATE \$	WHERE CAN	/EHICLE	BE SEEN?	WHEN'	?	
	PPO	PERTY DAMA	GF	PROPER	RTY DAN	MAGE	PROPER	TY DA	MAGE			
	OWNER	A ERTI DAMA	ADDRESS	NOFER	TI DAN	ii.AGL	INOFER	IIDA	INAGE	PHONE		
	OTHER DRIVER () S	SAME AS OWNER	ADDRESS							PHONE		
	DESCRIBE PROPERTY (IF AUTO: MAKE, OTHER CAR OR PROPERT				NSURFD	COMPANY OR AC	SENCY NAME &	POLICY N	NO.			
YEAR, PLATE NO.) DESCRIBE DAMAGE YES NO DESCRIBE DAMAGE							AIR ESTIMATE		RE CAN CAR E	BE SEEN?		
		DESCRIBE DAMAGE			\$			Where of work be deem.				
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	INJUNE	D INJ	URED	11100		INSUIL						
							AGE			OTHER VEH. PASS	PED.	
	NAME	ADDRESS		PHONE	EXTENT	OF INJURY			ATE			
					EXTENT				ATE			
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	NAME		F	PHONE			AGE	VE	ATE H. PASS	VEH. PASS		
	NAME	ADDRESS	ITO	PHONE	IMANT:	OF INJURY	AGE	VE	ATE H. PASS	VEH. PASS		
	NAME	ADDRESS ANT: NON-AU RETURNE	ITO EN	PHONE	IMANT: BY	OF INJURY	AGE	VE	ATE H. PASS	AUTO /ER OTHER		
	CLAIM OCCUPATION PROBABLE	ADDRESS	ITO EN	PHONE CLA MPLOYED	IMANT: BY	OF INJURY	AGE	VE	ATE H. PASS T: NON- DF EMPLOY STATE	AUTO		
	CLAIM OCCUPATION PROBABLE DISABILITY WEEKS	ADDRESS ANT: NON-AU RETURNE WORK YES	ITO EM	PHONE CLA MPLOYED	IMANT: BY EMISES	OF INJURY NON-AUTO	CLA ADD	VE	ATE H. PASS T: NON- DF EMPLOY STATE	AUTO /ER OTHER		
	CLAIM OCCUPATION PROBABLE DISABILITY WEEKS	ADDRESS ANT: NON-AU RETURNE WORK	ITO END TO W	PHONE CLA MPLOYED	IMANT: BY	OF INJURY NON-AUTO	AGE	VE	ATE H. PASS T: NON- DF EMPLOY STATE	AUTO /ER OTHER		
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