

AUTOMOBILE LOSS NOTICE		TODAYS DATE (MM/DD/YY)				
Golden State Risk Management Authority 247 West Sycamore Street – Post Office Box 706 Willows, California 95988		DATE OF LOSS (mm/dd/yy) TIME OF LOSS <table border="1" style="float: right;"> <tr> <td>AM</td> <td></td> </tr> <tr> <td>PM</td> <td></td> </tr> </table>	AM		PM	
AM						
PM						
PHONE: 530-934-5633 FAX 530-934-8133						

MEMBER AGENCY/CONTACT

NAME AND ADDRESS	BUSINESS PHONE

LOSS

LOCATION OF ACCIDENT	POLICE OR FIRE DEPARTMENT TO WHICH REPORTED
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

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

INJURED

Names and Addresses	Extent of Injury
Phone	Age of Injured

WITNESSES OR PASSENGERS

Names and Addresses Phone	Other (please specify)
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