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### UNM AUTOMOBILE DAMAGE OR LOSS NOTICE

Please complete the form, attach below documents and email to: [risksvcs@unm.edu](mailto:risksvcs@unm.edu)

- a copy of the purchase document as proof of ownership, purchase, and value
- an estimate of the loss, listing the vendor and replacement or repair cost of each
- a copy of the police report, if applicable;

**Automobile accidents must also be reported to the UNM Police Department.**

Police Report Filed: Yes \_\_\_ No \_\_\_ If yes, indicate agency (i.e. UNMPD, APD, other):

\_\_\_\_\_

Department: \_\_\_\_\_

**UNM Automobile Information:**

Name of Driver \_\_\_\_\_ Phone #: \_\_\_\_\_

Driver's License #/State \_\_\_\_\_

Vehicle # \_\_\_\_\_ License Plate # \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN# \_\_\_\_\_

Date & Time of Accident \_\_\_\_\_

Location of Accident \_\_\_\_\_

Location of Damage on Vehicle \_\_\_\_\_ Can Vehicle Be Driven: Yes \_\_\_ No \_\_\_

Citations Issued (if applicable): \_\_\_\_\_

Names of All Passengers in the Vehicle: \_\_\_\_\_

\_\_\_\_\_

Names of All Injured in UNM Vehicle \_\_\_\_\_

UNM Driver's Account of Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Party:**

Name of Other Driver, Property Owner, or Pedestrian \_\_\_\_\_

Drivers License #/State \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_

License Plate # \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Location of Damage on Vehicle \_\_\_\_\_ Can Vehicle Be Driven: Yes \_\_\_ No \_\_\_

Citations Issued (if applicable): \_\_\_\_\_

Insurance Company/Policy Number \_\_\_\_\_

Names of All Passengers in the Vehicle: \_\_\_\_\_

\_\_\_\_\_

Names, Addresses, and Phone Numbers of All Those Injured in Other Vehicle: \_\_\_\_\_

\_\_\_\_\_

Other Party's Account of Accident: \_\_\_\_\_

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