

Here's how to use the Auto Accident kit documents. For each vehicle, please:

Form	Print out	Use of form
University Auto Accident Form Fold into tri fold brochure	DOUBLE SIDED	<ul style="list-style-type: none">• Front cover – Evidence of Coverage to show to police• Use form to report accidents to UI Risk at risk@uidaho.edu
State of Idaho Citizen Claim Procedure Tuck this page into the brochure	Single sided	Give this to the other party involved in an accident. This form gives directions to other party on how to submit their claim to State of Idaho.

When a new Auto Accident Kit is needed, the form is available at www.uidaho.edu/dfa/administrative-operations/business-services/risk-management/insurance, under forms on the right side of the page.

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AUTO ACCIDENT REPORT – COMPLETE AND SEND TO risk@uidaho.edu

Univ. Driver Name:		Which Department:		If An Accident Involves Serious Injury or Extensive Property Damage, Contact (208) 885-7177 University of Idaho, Risk Management immediately. Supervisor's Signature: _____
Vandal #		Dept. Owned Vehicle?	Yes or No	
Work Phone #		Work Address:		
Univ. Contact:				
(If Not Driver)		Phone Number:		

A. DESCRIPTION OF ACCIDENT		D. OTHER VEHICLE		G. Police & Comments	
Date:		Owner Name:		Name of Officer:	
Place/Location:		Address:	_____	Which Police Force?	
				Report #	
Describe what happened:				What Citations were issued and to whom?	
		Driver			
		Phone Number			
		Yr./Make Vehicle			Who do you think was at fault?
		License Plate #			
		Damaged Parts			Why?
		Insurance Co. Name			
	Insurance Co. Policy #				

B. DIAGRAM ACCIDENT		E. OTHER PROPERTY DAMAGE		H. WITNESSES	
		Owner:	_____	Name:	_____
		Address:	_____	Address:	_____
		Describe Damage:	_____	Telephone, Home	_____
			_____	Telephone, Work	_____
			_____	Name:	_____
			_____	Address:	_____
			_____	Telephone, Home	_____
			_____	Telephone, Work	_____
			_____		_____

C. Speed of your vehicle before accident:		F. INJURED		I. UNIVERSITY VEHICLE	
Did either driver signal?		Injured Name:		Vehicle Plate#	
If so, Describe		Age		Make Model YR	
Weather		Address:		VIN #	
Road Condition		Nature of Injury:	<input type="checkbox"/> My Veh. <input type="checkbox"/> Other Veh. <input type="checkbox"/> Pedestrian	Est. Damages \$	
Visibility		Injured Name:		Damaged Parts:	
Traffic controls – note on diagram		Age:		Where can vehicle be seen?	
Comments		Address:		If not drivable, move to a secure location.	
		Nature of Injury:	<input type="checkbox"/> My Veh. <input type="checkbox"/> Other Veh. <input type="checkbox"/> Pedestrian		

A=University Vehicle, B, C=Other Vehicle(s)

UNIVERSITY OF IDAHO – AUTO ACCIDENT GUIDE

Safe Driving Tips

- Choose to drive defensively
- ✓ Buckle up
- ✓ Take a moment to learn the car
- ✓ Operate cell phone ONLY when not driving
- ✓ Always check your blind spot
- ✓ Start slowly
- ✓ Keep a safe distance from vehicle in front of you
- ✓ Slow down
- ✓ Pass safely, if you must
- ✓ Back up safely
- ✓ Use “cover your brake” technique
- ✓ Stop safely

What to give the other vehicle

If the other party feels that the university driver is responsible for the accident, provide him/her with the “Citizen’s Claim Procedure (green form).” Do NOT give the other party a copy of the Auto Accident Guide.

You may show the other vehicle and the police the Evidence of Coverage on the front of this Auto Accident Guide.

Instructions

- 1. Offer Assistance to anyone injured**
Do not move injured unless absolutely necessary
 - 2. Notify the police**
 - 3. Don’t comment on the accident.**
Give information as requested by police and provide all other information and comments only to University Risk Management Office.
 - 4. Do not accept responsibility for the accident.**
Do be courteous. If the other party feels that the university driver is responsible for the accident, provide him/her with the “Citizen’s Claim Procedure (green form).” Do NOT give the other party a copy of the Auto Accident Guide.
 - 4. Fill out this form.**
Complete as much as possible at the accident site. Send to:
risk@uidaho.edu
OR mail to
University of Idaho Risk Management
875 Perimeter Dr., MS 2433 or TLC
Rm 048
Moscow, ID 83844-2433
 - 5. Obtain estimates of damage.**
If the university vehicle is covered by auto physical damage insurance, please obtain two estimates of repair costs and forward to Risk Management at mail stop 2433.
- NOTE:** Do not delay sending this accident report: send estimates separately.

Evidence of Coverage
Show evidence of coverage to police when requested

**State of Idaho
CERTIFICATE OF FINANCIAL RESPONSIBILITY**

Insured: The State of Idaho, its agencies, health districts, and permissive users of these vehicles.

Covered Vehicles: All owned and leased vehicles of the State of Idaho.

Guaranteed By: The Department of Administration, Risk Management Program, which self-retains the automobile liability exposure for the State of Idaho.

Policy Number: IC 67-5776

Effective Date: July 1, 2022

Expiration Date: Continuous

Faith Cox, Manager – Risk Management Program

**KEEP THIS CERTIFICATE IN VEHICLE AT ALL TIMES
VALID ONLY IN STATE OWNED OR STATE LEASED VEHICLES**

CITIZEN'S CLAIM PROCEDURE FORMS

Carry in vehicle with UNIVERSITY AUTO ACCIDENT GUIDE

If the other party feels that the university driver is responsible for the accident, provide him/her with the "Citizen's Claim Procedure" slip.

CITIZEN'S CLAIM PROCEDURE

Idaho Code § 6-901 through 929, known as the Idaho Tort Claims Act, makes provision for claims against the state or employees of the state.

A Notice of Claim must be filed within 180 days from the date the claim arose or should have been reasonably discovered. It must include the following accurate information:

1. Name and residence address of the person making the claim
2. Date, time, location of the occurrence
3. Description of circumstances, actions, conduct which gave rise to the occurrence
4. Description of any damage or injury resulting from the occurrence
5. Repair estimates (2), bills, or other documentation

No claim can be processed unless it is properly and timely filed with the Secretary of State.

Please submit the claim to:

Secretary of State

State of Idaho

**P.O. Box 83720
Boise, ID 83720-0080**

FAX: 208-334-2282

EMAIL: CLAIMS@SOS.IDAHO.GOV