H. WITNESSES

Name _____

Address _____

_____

_____

Telephone
Home _____ Work _____

Name _____

Address _____

_____

_____

Telephone
Home _____ Work _____

I. STATE VEHICLE DAMAGES

Vehicle ID No. _____
Make and
Model _____

Year _____ License No. _____

Estimate of Damages $ _____

List damaged parts _____

If not drivable, move to a State lot or a secure location.

Where can vehicle be seen? _____

_____

Supervisor's Signature:

_____

If accident involves serious injury or extensive property damage, contact Office of Insurance Management immediately. Call (208) 332-1869

5. Do not accept responsibility for the accident.

Do be courteous. If the other party feels that the State driver is responsible for the accident, provide him/her with a "Citizen's Claim Procedure" form (small green sheet).

6. Complete this form and send promptly to:

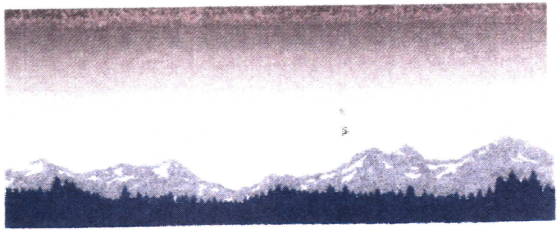
Dept. of Administration
Office of Insurance Management
P.O. Box 83720
Boise, ID 83720-0079

A copy of this report should also be sent to your department's safety coordinator.

7. Obtain estimates of damage.

If the State vehicle is covered by auto physical damage insurance, please obtain two estimates of repair costs and forward to Risk Management.
Note: *Do not delay sending this accident report — send estimates separately.*

Costs associated with this publication are available from Dept. of Administration in accordance with Section 60-202, **Idaho Code**. 07-94/5,700/200-5102



State of Idaho

AUTO ACCIDENT REPORT GUIDE

1. Offer assistance to anyone injured.

Do not move injured unless absolutely necessary.

2. Notify the police.

3. Don't comment on accident.

Give information as requested by police and provide all other information and comment to Office of Insurance.

4. Fill out this form.

Complete as much as possible at the accident site.

State Driver's Name _____
SSN _____
Work Phone No. _____
Agency Contact *(If not driver)* _____

Which Agency Owns State Vehicle? _____
Work Address _____
_____
Phone No. _____

A. DESCRIPTION OF ACCIDENT

Date _____ Time _____

Place _____

_____

Describe what happened _____

_____

_____

_____

_____

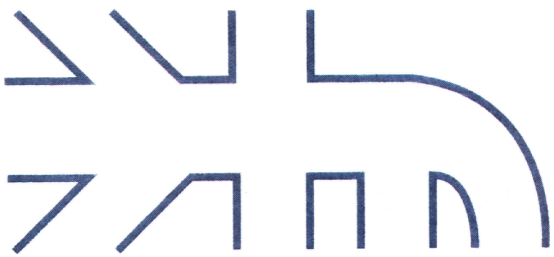
_____

_____

_____

B. DIAGRAM ACCIDENT

Show where vehicles hit and where they stopped



State Vehicle — Other vehicle(s)

Show pedestrian and path as: ——O

Use " X " to show point of impact.

C. Speed of your vehicle before accident:

_____

Speed of other vehicle before accident:

_____

Did either driver signal? _____

If so, describe _____

_____

Please show any traffic controls on diagram.

Example:

Stop Sign — Stop Light — Yield Sign — Road Striping

Weather _____

Visibility _____

Road condition _____

D. OTHER VEHICLE

Owner _____

Address _____

_____

Driver _____

Phone Number _____

Make & Year of Vehicle _____

License Plate No. _____

Damaged parts _____

_____

Insurance Co. _____

E. OTHER PROPERTY DAMAGE

Owner _____

Address _____

Describe Damage _____

_____

F. INJURED

_____

Name Age

_____

Address

_____

Telephone

_____

Nature of Injury

This person was

☐ In my vehicle ☐ In other vehicle

☐ Pedestrian

_____

Name Age

_____

Address

_____

Telephone

_____

Nature of Injury

This person was

☐ In my vehicle ☐ In other vehicle

☐ Pedestrian

G. POLICE & COMMENTS

Name of Officer _____

Which police force? _____

What citations were issued and to whom?

_____

_____

Who do you think was at fault?

_____

_____

Why? _____

_____

_____

_____

_____

_____

_____