### 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.

### University of Idaho
#### 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.

5. **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 2285
   Moscow, ID 83844-2285

6. **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 2285.

   **NOTE:** Do not delay sending this accident report: send estimates separately.

### Evidence of Coverage
Show evidence of coverage to police when requested.

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### Certificate of Financial Responsibility

<table>
<thead>
<tr>
<th>Assured: State of Idaho, its agencies, health districts, and permision users of these vehicles</th>
<th>Covered Vehicles: All owned and leased vehicles of the State of Idaho</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faith Co., Manager – Risk Management Program</td>
<td>Guaranteed By: The Department of Administration Risk Management Program, which self-insures the automobile liability exposure for the State of Idaho</td>
</tr>
<tr>
<td>Effective Date: February 1, 2015</td>
<td>Expiration Date: July 1, 2015</td>
</tr>
<tr>
<td>连续</td>
<td>签名: 未签名</td>
</tr>
</tbody>
</table>

**Keep this certificate in vehicle at all times valid only in state owned or state leased vehicles**
**A. DESCRIPTION OF ACCIDENT**

- **Date:**
- **Time:**

- **Place/Location:**

- **Describe what happened:**

**B. DIAGRAM ACCIDENT**

- **Owner:**
- **Address:**

- **Describe Damage:**

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

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**C. Speed of your vehicle before accident:**

- **Did either driver signal?**

- **If so, Describe Weather:**

- **Road Condition:**

- **Visibility:**

- **Traffic controls – note on diagram Comments:**

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**D. OTHER VEHICLE**

- **Owner Name:**
- **Address:**

- **Driver Phone Number:**

- **Yr./Make Vehicle:**

- **License Plate #:**

- **Damaged Parts:**

- **Insurance Co. Name:**

- **Insurance Co. Policy #:**

- **Which Police Force? Report #:**

- **What Citations were issued and to whom?**

- **Who do you think was at fault? Why?**

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**E. OTHER PROPERTY DAMAGE**

- **Name:**
- **Address:**

- **Telephone, Home:**

- **Telephone, Work:**

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**F. INJURED**

- **Injured Name:**
- **Age:**

- **Nature of Injury:**

- **Vehicle Plate #:**

- **Make Model YR:**

- **VIN #:**

- **Est. Damages $:**

- **Damaged Parts:**

- **Where can vehicle be seen?**

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**G. Police & Comments**

- **Name of Officer:**

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**H. WITNESSES**

- **Name:**
- **Address:**

- **Telephone, Home:**

- **Telephone, Work:**

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**I. UNIVERSITY VEHICLE**

- **If not drivable, move to a secure location.**

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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

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