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

<table>
<thead>
<tr>
<th>Form</th>
<th>Print out</th>
<th>Use of form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>University Auto Accident Form</strong></td>
<td>DOUBLE SIDED</td>
<td>• Front cover – Evidence of Coverage to show to police</td>
</tr>
<tr>
<td>Fold into tri fold brochure</td>
<td></td>
<td>• Use form to report accidents to UI Risk at <a href="mailto:risk@uidaho.edu">risk@uidaho.edu</a></td>
</tr>
<tr>
<td><strong>State of Idaho Citizen Claim Procedure</strong></td>
<td>Single sided</td>
<td>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.</td>
</tr>
</tbody>
</table>

When a new Auto Accident Kit is needed, the form is available at [www.uidaho.edu/dfa/administrative-operations/business-services/risk-management/insurance](http://www.uidaho.edu/dfa/administrative-operations/business-services/risk-management/insurance), under forms on the right side of the page.
AUTO ACCIDENT REPORT – COMPLETE AND SEND TO risk@uidaho.edu

Univ. Driver Name: ________________ Which Department: ________________ Dept. Owned Vehicle?: Yes or No

Vandal # ________________ Work Phone #: ________________ Work Address: ________________

Univ. Contact: ________________ (If Not Driver) Phone Number: ________________

A. DESCRIPTION OF ACCIDENT

Date: ________________ Time: ________________ Owner Name: ________________ Email: ________________ Name of Officer: ________________

Place/Location: ________________ Mailing Address: ________________ Which Police Force?: ________________ Report #: ________________

Describe what happened: ________________

Driver Phone Number ________________

Yr./Make Vehicle ________________ License Plate # ________________

Damaged Parts ________________ Insurance Co. Name ________________

Insurance Co. Policy # ________________

B. DIAGRAM ACCIDENT

C. Speed of your vehicle before accident:

Did either driver signal? ________________

If so, Describe ________________

Weather ________________ Road Condition ________________

Nature of Injury: ________________

Est. Damages $ ________________ Damaged Parts: ________________

Visibility ________________ Injured Name: ________________

Traffic controls – note on diagram ________________ Age: ________________

Comments ________________ Address: ________________

Nature of Injury: ________________

F. INJURED

Injured Name: ________________ Vehicle Plate# ________________

Age ________________ Make Model YR ________________

Address: ________________ VIN # ________________

Name: ________________ Telephone, Home ________________

Address: ________________ Telephone, Work ________________

Phone, Home ________________ Telephone, Work ________________

H. WITNESSES

Name: ________________

Address: ________________

Telephone, Home ________________ Telephone, Work ________________

I. UNIVERSITY VEHICLE

If An Accident Involves Serious Injury or Extensive Property Damage, Contact (208) 885-7177 University of Idaho, Risk Management immediately.

Supervisor’s Signature: ________________

If not drivable, move to a secure location.

A=University Vehicle, B, C=Other Vehicle(s)
<table>
<thead>
<tr>
<th>Safe Driving Tips</th>
<th>Instructions</th>
<th>Evidence of Coverage</th>
</tr>
</thead>
</table>
| Choose to drive defensively | 1. Offer Assistance to anyone injured  
   ✓ 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   | Show evidence of coverage to police when requested |

**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**

State of Idaho  
CERTIFICATE OF FINANCIAL RESPONSIBILITY

<table>
<thead>
<tr>
<th>Insured:</th>
<th>The State of Idaho, its agencies, health districts, and permissive users of these vehicles.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered Vehicles:</td>
<td>All owned and leased vehicles of the State of Idaho.</td>
</tr>
<tr>
<td>Guaranteed By:</td>
<td>The Department of Administration, Risk Management Program, which self-retains the automobile liability exposure for the State of Idaho.</td>
</tr>
<tr>
<td>Policy Number:</td>
<td>IC 67-5776</td>
</tr>
<tr>
<td>Effective Date:</td>
<td>July 1, 2023</td>
</tr>
<tr>
<td>Expiration Date:</td>
<td>Continuous</td>
</tr>
</tbody>
</table>

Faith Knowlton, 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.

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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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