

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

Form	Print out	Use of form
<b>University Auto Accident Form</b> Fold into tri fold brochure	<b>DOUBLE SIDED</b>	<ul style="list-style-type: none"><li>• Front cover – Evidence of Coverage to show to police</li><li>• Use form to report accidents to UI Risk at <a href="mailto:risk@uidaho.edu">risk@uidaho.edu</a></li></ul>
<b>State of Idaho Citizen Claim Procedure</b> 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 you need a new [Auto Accident kit](#), simply go to Risk's webpage, and generate a new brochure.

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**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  
Auto Accident Guide**

**🚗 Instructions**

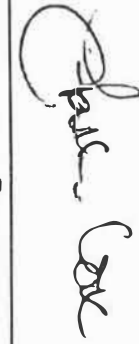
- 1. Offer Assistance to anyone injured**  
Do not move injured unless absolutely necessary
  - 2. Notify the police**
  - 3. Don't comment on the accident.**  
Give information as requested by police and provide all other information and comments only to University Risk Management Office.
  - 4. Do 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](mailto:risk@uidaho.edu)  
OR mail to  
University of Idaho Risk Management  
875 Perimeter Dr., MS 2433  
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.

**University of Idaho  
Auto Accident Guide**

**🚗 Evidence of Coverage**  
Show evidence of coverage to police when requested

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

Faith Cox, Manager – Risk Management Program



**State of Idaho  
CERTIFICATE OF FINANCIAL RESPONSIBILITY**

**Assured:** 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.

**Effective Date:** July 1, 2015

**Expiration Date:** Continuous

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

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

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

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

## **CITIZEN'S CLAIM PROCEDURE FORMS**

Carry in vehicle with UNIVERISTY 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](mailto:CLAIMS@SOS.IDAHO.GOV)**