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>
<tr>
<td>Tuck this page into the brochure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When a new Auto Accident Kit is needed, the form is available at www.uidaho.edu/infrastructure/pss/risk-management, under forms on the right side of the page.
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.

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**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. **Get pictures of the damage** and the area the accident occurred at prior to leaving the scene.
6. **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
   Moscow, ID 83844-2433

7. **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.

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**Evidence of Coverage**

Show evidence of coverage to police when requested

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**CERTIFICATE OF FINANCIAL RESPONSIBILITY**

State of Idaho

<table>
<thead>
<tr>
<th>Effective Date:</th>
<th>July 1, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guaranteed By:</td>
<td>Faithcox-Brown, Risk Management Program</td>
</tr>
<tr>
<td>Covered Vehicles:</td>
<td>The State of Idaho, its agencies, health districts, and permissive users of these vehicles</td>
</tr>
<tr>
<td>All owned and leased vehicles of the State of Idaho</td>
<td></td>
</tr>
</tbody>
</table>

**Valid Only in State-Owned or State Leased Vehicles**
If An Accident Involves Serious Injury or Extensive Property Damage, Contact (208) 885-7177 University of Idaho, Risk Management immediately.

Supervisor's Signature:

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

### B. DIAGRAM ACCIDENT

![Diagram]

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

### C. Speed of your vehicle before accident:
- **Did either driver signal?**
- **If so, Describe**
- **Weather**
- **Road Condition**
- **Visibility**
- **Traffic controls – note on diagram**
- **Comments**

### D. OTHER VEHICLE
- **Owner Name:**
- **Address:**
- **Describe Damage:**

### E. OTHER PROPERTY DAMAGE
- **Name:**
- **Address:**
- **Telephone, Home**
- **Telephone, Work**

### F. INJURED
- **Injured Name:**
- **Vehicle Plate#**
- **Age**
- **Make Model YR**
- **VIN #**
- **Est. Damages $**
- **Damaged Parts:**
- **Nature of Injury:**

### G. Police & Comments
- **Police & Comments**

### H. WITNESSES
- **Name:**
- **Address:**
- **Telephone, Home**
- **Telephone, Work**

### I. UNIVERSITY VEHICLE
- **Injured Name:**
- **Age**
- **Address:**
- **Nature of Injury:**
- **If not drivable, move to a secure location.**
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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