

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

Form	Print out	Use of form
University Auto Accident Form Fold into tri fold brochure	DOUBLE SIDED	<ul style="list-style-type: none">• Front cover – Evidence of Coverage to show to police• Use form to report accidents to UI Risk at risk@uidaho.edu
State of Idaho Citizen Claim Procedure 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 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.

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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.
- 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.

**University of Idaho
Auto Accident Guide**

🚗 Evidence of Coverage

Show evidence of coverage to police when requested

**State of Idaho
CERTIFICATE OF FINANCIAL RESPONSIBILITY**

As required: The State of Idaho, its agencies, health districts, and permissive users of these vehicles.

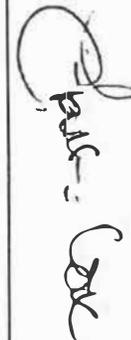
Covered Vehicles: All owned and leased vehicles of the State of Idaho.

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

Faith Cox, Manager – Risk Management Program



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

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

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

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

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

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

ADDRESS: 1000 W. MAIN
BOISE, ID 83720
P.O. BOX 83720
BOISE, ID 83720-0080
CALL: 208-334-2282
EMAIL: CLAIMS@SOS.IDAHO.GOV

**Secretary of State
State of Idaho
P.O. Box 83720
Boise, ID 83720-0080
FAX: 208-334-2282
EMAIL: CLAIMS@SOS.IDAHO.GOV**