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

Date:		**Time:**	
Place/Location:			
Describe what happened:			

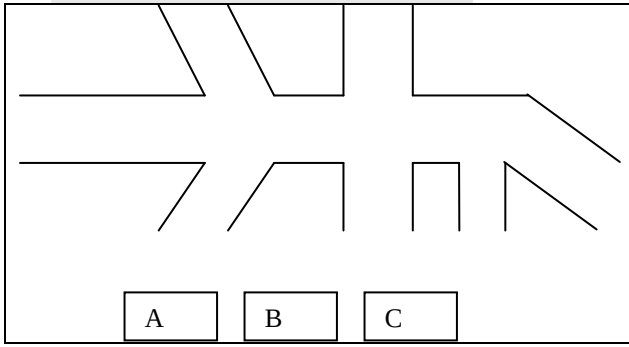
D. OTHER VEHICLE

Owner Name:	
Address:	_____ __
Driver	
Phone Number	
Yr./Make Vehicle	
License Plate #	
Damaged Parts	
Insurance Co. Policy #	

G. Police & Comments

Name of Officer:	
Which Police Force?	
Report #	
What Citations were issued and to whom?	
Who do you think was at fault?	
Why?	

B. DIAGRAM ACCIDENT



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

E. OTHER PROPERTY DAMAGE

Owner:	_____
Address:	_____
	_____
Describe Damage:	_____
	_____
	_____
	_____
	_____
	_____
	_____

H. WITNESSES

Name:	_____
Address:	_____
	_____
Telephone, Home	_____
Telephone, Work	_____
	_____
Name:	_____
Address:	_____
	_____
Telephone, Home	_____
Telephone, Work	

F. INJURED

Injured Name:			
Age			
Address:			
Nature of Injury:	__My Veh.	__Other Veh.	__Pedestrian
Injured Name:			
Age:			
Address:			
Nature of Injury:	__My Veh.	__Other Veh.	__Pedestrian

I. . UNIVERSITY VEHICLE

Vehicle Plate#	
Make Model YR	
VIN #	
Est. Damages $ Damaged Parts:	
Where can vehicle be seen?	

If not drivable, move to a State lot or a secure location.

C. Speed of your vehicle before accident:

Did either driver signal?			
If so, Describe			
Weather		**Road Condition**	

Comments

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 pass.
+ Back up safely.
+ Use “Cover-your-brake” technique.
+ Stop Safely.

5. 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 a “Citizen’s Claim Procedure. ” form (small green sheet)

6. Complete this form and send promptly to:

University of Idaho
Risk Management
851 Campus Dr.
Mail Stop 3162
PO Box 443162
Moscow ID 83844-3162

A copy of this report should also be sent to your department’s safety coordinator.

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 3162.
Note: Do not delay sending this accident report - send estimates separately.

University of Idaho

Auto Accident Report Guide

1. Offer Assistance to anyone injured.

Do not move injured unless absolutely necessary.

2. Notify the police.

3. Don’t comment on accident.

Give information as requested by police and provide all other information and comment to Risk Management Office.

4. Fill out this form.

Complete as much as possible at the accident site.