

**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

**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." 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 2285
Moscow, ID 83844-2285
- 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 2285.
NOTE: Do not delay sending this accident report: send estimates separately.

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Auto Accident Guide**

Evidence of Coverage

Show evidence of coverage to police when requested

**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, 2012

Expiration Date: Continuous

F.C. Coffin
F.C. Coffin, Manager – Risk Management Program

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

Univ. Driver Name: Vandal #	Which Department: Dept. Owned Vehicle?	Yes	or	No
Work Phone #	Work Address:			
Univ. Contact: (If Not Driver)	Phone Number:			

If An Accident Involves Serious Injury or Extensive Property Damage, Contact (208) 885-6177 University of Idaho, Risk Management immediately.
Supervisor's Signature:

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. Name _____

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 B C

E. OTHER PROPERTY DAMAGE

Owner: _____

Address: _____

Describe Damage: _____

H. WITNESSES

Name: _____

Address: _____

Telephone, Home _____

Telephone, Work _____

Name: _____

Address: _____

Telephone, Home _____

Telephone, Work _____

F. INJURED

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 _____

Comments

Injured Name: _____

Age _____

Address: _____

Nature of Injury: _____

Injured Name: _____

Age: _____

Address: _____

Nature of Injury: _____

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.