

## H. WITNESSES

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone

Home \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone

Home \_\_\_\_\_ Work \_\_\_\_\_

## I. STATE VEHICLE DAMAGES

Vehicle ID No. \_\_\_\_\_

Make and  
Model \_\_\_\_\_

Year \_\_\_\_\_ License No. \_\_\_\_\_

Estimate of Damages \$ \_\_\_\_\_

List damaged parts \_\_\_\_\_

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

Where can vehicle be seen? \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature :  
\_\_\_\_\_  
\_\_\_\_\_

**If accident involves serious injury or extensive property damage, contact Office of Insurance Management immediately. Call (208) 332-1869**

## 5. Do not accept responsibility for the accident.

Do be courteous. If the other party feels that the State 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:

Dept. of Administration  
Office of Insurance Management  
P.O. Box 83720  
Boise, ID 83720-0079

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

## 7. Obtain estimates of damage.

If the State vehicle is covered by auto physical damage insurance, please obtain two estimates of repair costs and forward to Risk Management.

**Note:** Do not delay sending this accident report — send estimates separately.

Costs associated with this publication are available from Dept. of Administration in accordance with Section 60-202, Idaho Code. 07-94/5,700/200-5102



## State 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 Office of Insurance.

### 4. Fill out this form.

Complete as much as possible at the accident site.

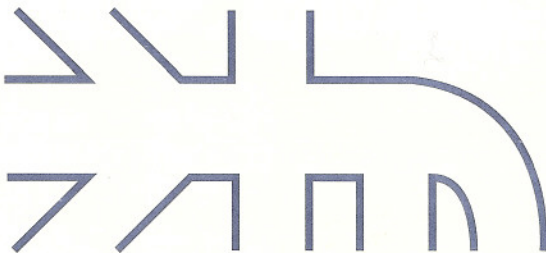
State Driver's Name \_\_\_\_\_ Which Agency \_\_\_\_\_  
 SSN \_\_\_\_\_ Owns State Vehicle? \_\_\_\_\_  
 Work Phone No. \_\_\_\_\_ Work Address \_\_\_\_\_  
 Agency Contact (If not driver) \_\_\_\_\_ Phone No. \_\_\_\_\_

**A. DESCRIPTION OF ACCIDENT**

Date \_\_\_\_\_ Time \_\_\_\_\_  
 Place \_\_\_\_\_  
 Describe what happened \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. DIAGRAM ACCIDENT**

Show where vehicles hit and where they stopped



A State Vehicle  
 B Other vehicle(s)  
 C Pedestrian

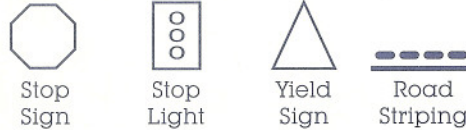
Show pedestrian and path as: —○  
 Use " X " to show point of impact.

**C. Speed of your vehicle before accident:**

Speed of other vehicle before accident: \_\_\_\_\_  
 Did either driver signal? \_\_\_\_\_  
 If so, describe \_\_\_\_\_

Please show any traffic controls on diagram.

Example:



Weather \_\_\_\_\_  
 Visibility \_\_\_\_\_  
 Road condition \_\_\_\_\_

**D. OTHER VEHICLE**

Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 Driver \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Make & Year of Vehicle \_\_\_\_\_  
 License Plate No. \_\_\_\_\_  
 Damaged parts \_\_\_\_\_  
 Insurance Co. \_\_\_\_\_

**E. OTHER PROPERTY DAMAGE**

Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 Describe Damage \_\_\_\_\_

**F. INJURED**

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

Nature of Injury \_\_\_\_\_  
 This person was  
 In my vehicle  In other vehicle  
 Pedestrian

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

Nature of Injury \_\_\_\_\_  
 This person was  
 In my vehicle  In other vehicle  
 Pedestrian

**G. POLICE & COMMENTS**

Name of Officer \_\_\_\_\_  
 Which police force? \_\_\_\_\_  
 What citations were issued and to whom?  
 \_\_\_\_\_  
 Who do you think was at fault?  
 \_\_\_\_\_  
 Why? \_\_\_\_\_