

State Driver's Name _____	Which Agency Owns State Vehicle? _____
License # _____	Work Address _____
Work Phone No. _____	_____
Agency Contact (If not driver) _____	Phone No. _____

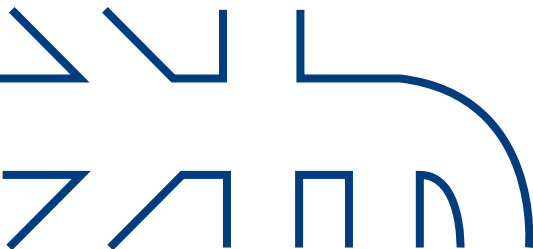
A. DESCRIPTION OF ACCIDENT

Date _____ Time _____
 Place _____
 Describe what happened _____

(Attach separate sheet if necessary)

B. DIAGRAM ACCIDENT

Show where vehicles hit and where they stopped



A State Vehicles B Other vehicle(s)

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

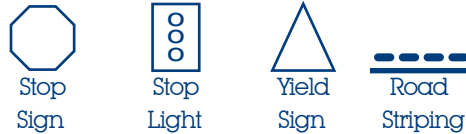
C. Speed of your vehicle before accident

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? _____

H. WITNESSES

Name _____
Address _____

Telephone _____
Home _____ Work _____

Name _____
Address _____

Telephone _____
Home _____ Work _____

I. STATE VEHICLE DAMAGES

Vehicle ID (VIN) _____
Make and Model _____
Year _____ License No. _____

Estimate of Damages \$ _____

List damaged parts _____

If not drivable, move to a state lot or a secure location. Notify Risk Management immediately

Where can vehicle be seen? _____

Supervisor's Signature : _____

If accident involves serious injury or extensive property damage, contact the Risk Management Program 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
Risk Management
P.O. Box 83720
Boise, ID 83720-0079
Fax: 208-334-5315
Email: RiskManagement@adm.idahogov

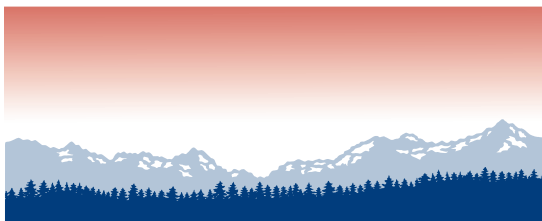
A copy of this report should also be sent to your department's safety coordinator.

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.

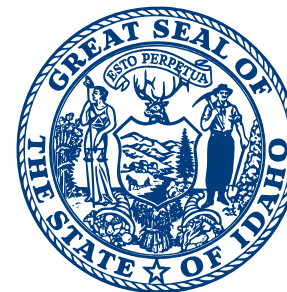
Note: Do not delay sending this accident report-send estimates separately.

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 Risk Management.

4. Fill out this form.

Complete as much as possible at the accident site. If the Driver is incapacitated, complete as much as possible and send it to Risk Management.