

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

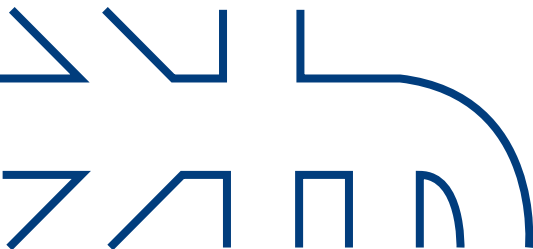
**A. DESCRIPTION OF ACCIDENT**

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

(Attach separate sheet if necessary)

**B. DIAGRAM ACCIDENT**

Show where vehicles hit and where they stopped



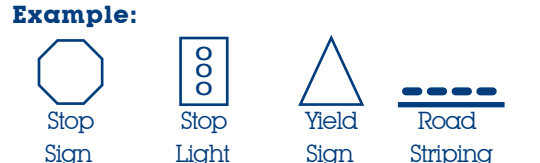
State Vehicles                      Other vehicle(s)

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.



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:**

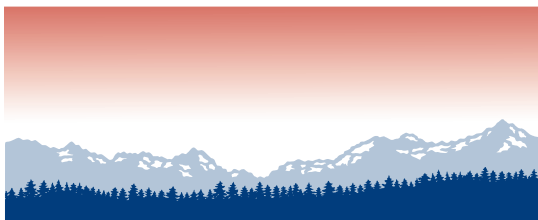
Dept. of Administration  
Risk Management  
P.O. Box 83720  
Boise, ID 83720-0079  
Fax: 208-334-5315  
Email: RiskManagement@adm.idahogov

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

**7. Obtain estimates of damage.**

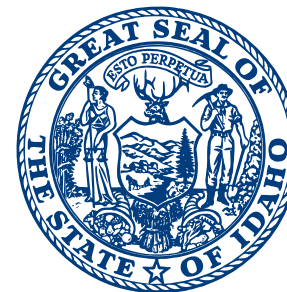
If the State vehicle is covered by auto physical damage insurance, please obtain two estimates of repair costs and forward to Risk Management. **Note:** Do not delay sending this accident report-send estimates separately.

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.