University of Alaska
System Office of Risk Services

910 Yukon Drive, Suite 106
P.O. Box 755240
Fairbanks, AK 99775-5240
Phone (907) 450-8150
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**AUTO ACCIDENT REPORT AND CLAIM FORM
INSURED'S REPORT**

1815 Bragaw Street
Suite 206
Anchorage, AK 99508
Phone (907) 786-1140
Fax (907) 786-1412

Your Name _____ Department _____

Campus_____ Phone_____ Organization Code_____ _____

Date of Accident _____ Time _____ m. Location_____

YOUR CAR:

Year_____ Make_____ Model_____ License# & State_____ University E#_____

Owned By_____ Address_____

Driven By_____ Address_____

Driver's Birthdate_____ Driven with permission of owner?_____ What purpose? _____

Describe damage _____ Estimated repair cost $_____

PERSONS INJURED:

Name_____ Age____ Address_____ Injuries_____

Name_____ Age____ Address_____ Injuries_____

Name_____ Age____ Address_____ Injuries_____

DAMAGE TO PROPERTY OF OTHERS:

Kind of property_____ If Auto, Year, Make and Model_____ License # _____

Owner_____ Address_____

Driver_____ Address_____

Describe damage _____ Estimated Amount $_____

Other property insured?_____ If yes, name and address of company if known_____

WITNESSES:

Name and   {_____
Address of   {_____
Persons in   {_____
Your Car {_____

Name and   {_____
Address of   {_____
Persons in   {_____
Other Car {_____

Name and   {_____
Address of   {_____
Other   {_____
Witnesses   {_____

Did Police or Troopers respond? ☐ Yes   ☐ No   If yes, please obtain and forward a copy of their report as soon as possible.

THE ACCIDENT:
   Explain how accident occurred _____

_____

_____

_____

_____

_____

_____

Were you wearing a seatbelt?_____   Were all passengers in your vehicle wearing seatbelts? _____

What statements were made by you or other party about accident after it occurred? _____

_____

_____

Please draw a diagram below showing position of your car (A)⊠
and other car (B) ⊠, etc., at the moment of impact.

Check type of road construction:
__ concrete   __asphalt   __ dirt   __gravel

Check condition of road:
__ dry   __ wet   __icy

Check condition of weather:
__clear __fog __snow __rain __dark

N

Direction your car was going_____ Side of street_____ Speed_____
Direction other car was going_____ Side of street_____ Speed_____
Did your driver give signal? _____ Kind_____ Were your lights on?_____
Did other driver give signal?_____Kind _____ Were his lights on?_____
Did any temporary or permanent object (building, hedge, tree, car, etc.) obscure vision of either driver?
If so, describe and show it on the diagram you have drawn above.

Your Signature_____ Title_____ Date_____

Supervisor Signature_____ Title_____ Date_____