

University of Alaska
System Office of Risk Services

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**AUTO ACCIDENT REPORT AND CLAIM FORM
CLAIMANT'S REPORT**

Your Name _____ Date of Birth: _____ Date: _____

Address _____

Social Security # _____ Phone No: _____ Date of Accident _____ Time _____ m.

Location of Accident _____



YOUR CAR:

Year _____ Make _____ Model _____ License# & State _____

Registered Owner(s) _____ Address _____

Driver _____ Address _____

Driver's Birthdate _____ Driven with permission of owner? Yes No What purpose? _____

Describe damage _____ Estimated repair cost \$ _____

Do you have automobile insurance Yes No Name of Insurance Company _____

PERSONS INJURED Yes No If yes, please complete the following:

Name _____ Age _____ Address _____ Phone _____

Describe Injuries _____ Medical Treatment Required? Yes No

Name _____ Age _____ Address _____ Phone _____

Describe Injuries _____ Medical Treatment Required? Yes No

OCCUPANTS OF YOUR AUTOMOBILE:

Name _____ Age _____ Address _____

Name _____ Age _____ Address _____

Name _____ Age _____ Address _____

Name _____ Age _____ Address _____

DESCRIPTION OF OTHER AUTOMOBILE:

Year _____ Make _____ Model _____ License# & State _____

Other Driver Name _____ Address _____

Describe damage _____

Were there any occupants other than driver Yes No If yes, how many? _____

WITNESSES OTHER THAN OCCUPANTS OF VEHICLES ALREADY LISTED:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

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



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/her lights on? _____

Did any temporary or permanent object (building, hedge, tree, car, etc.) obscure vision of either driver? Yes No

If yes, describe and show it on the diagram you have drawn above.



Your Signature _____ Date _____