

University of Alaska
Statewide Office of Risk Management

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

3890 University Lake Drive
Suite 111
Anchorage, AK 99508
Phone (907) 786-1140
Fax (907) 786-1412

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? _____ 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 _____