

University of Alaska  
Statewide Office of Risk Management

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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? \_\_\_\_\_ 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 \_\_\_\_\_