

Below is some information on who to contact and what information to gather after having a car accident while conducting official UAF business. The University is self insured so all accidents must be reported to the University. Use the accident report form on the back page to report the proper information.

Accident Reporting:

- Render or summon emergency services, if needed.
- Do not move any injured persons unless they are in imminent danger.
- Avoid moving vehicles unless there is a compelling safety reason, or you are instructed by law enforcement authorities.
- Cooperate with authorities. Provide factual and direct answers.
 - Avoid providing subjective perceptions or opinions.
 - Never admit liability or fault.
- Collect witness names, numbers, and license plate information.
- Make note of road conditions, visibility, time of day, etc.
- If possible, draw sketch or take picture of the accident scene.
- Record the police officers name, and the police report number. Ask for information on how to obtain a copy of the police report.
- If you have hit a parked car, leave pertinent information on the damaged vehicles windshield. Pertinent information includes; your name, phone number, date and time of accident.
- Fill out accident report found in the visor pack located in the vehicle, or go online, <http://www.uaf.edu/safety>.

Filing a claim

If you are not sure if a claim is appropriate, call Statewide Risk Management:

- UAF should call (907) 450-8150
UAF Environmental Health, Safety and Risk Management
(EHS&RM):Phone: 907-474-5413
Fax: 907-474-5489
Email: fysafety@uaf.edu

INJURY Accident - 911 immediately then EHS&RM immediately after 911

PROPERTY Accident - Notify EHS&RM within 48 hours

NOTE: After hours, weekends, and holidays contact UAF Emergency Dispatch Center at 907-474-7721.

You MUST contact EHS&RM if you are involved in an accident/incident. You must also fill out an accident report form. This can be located on the web (attached to this document). If you do not have access to the web, contact EHS&RM at 474-5413 for a hard copy. Report any accidents that occur during your work for the university to your supervisor, your vehicle fleet manager if you have a leased UA vehicle, and your campus risk management/safety department. Reporting should normally occur the same day, or no later than the next business day.

Bob Grove
(GI Operations Manager)

(907) 474-7292 work

Jeff Freymueller

(907) 474-7286 work
(907) 322-7632 cell



*Statewide Office of Risk Management
Fairbanks (907) 450-8150
Anchorage (907) 786-7755*

*Web Address:
<http://www.alaska.edu/swrisk/>*

**KEEP IN VEHICLE AT ALL TIMES
AS 28.22.019 – PROOF OF AUTO LIABILITY INSURANCE**

July 1, 2002

The University of Alaska maintains auto liability coverage for vehicles owned, leased or rented by the University of Alaska through a combination of self-insurance and excess insurance. This coverage extends to travel throughout Canada.

The State of Alaska's insurance requirements fall within the deductible levels of the University's excess insurance program and are covered through the University's self-insured claims program.

Questions regarding this coverage should be directed to the Statewide Office of Risk Management in Fairbanks at (907) 450-8150. Additional information can be found at our website.

Accidents must be reported immediately to the Statewide Office of Risk Management.

A handwritten signature in black ink that reads 'Julie C. Baecker'.

**Julie C. Baecker, Director
Statewide Office of Risk Management**

University of Alaska
Statewide Office of Risk Management

910 Yukon Drive, Suite 106
P.O. Box 755240
Fairbanks, AK 99775-5240
Phone (907) 450-8150
Fax (907) 450-8151

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

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

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



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 _____