



# BOISE STATE UNIVERSITY

## Auto Report

---

### Procedures:

- If the accident occurred on campus, immediately contact the Department of Public Safety at (208) 426-6911.
  - If the accident occurred off campus call 911.
  - Do not leave the scene of the accident or admit fault.
  - Take photos of both parties Vehicle damage and surrounding area.
  - Exchange contact and insurance information for the involved vehicles.
  - Notify your supervisor and complete the Auto Accident Report within 24 hours of the accident.
  - If there are any injuries, or extensive property damage due to the accident contact Risk Management and Insurance at (208) 426-3636 or rmi@boisestate.edu by the end of your shift or within 24 hours of the accident.
  - For repair estimates coordinate with Fleet Management.
- 

### Reported By

---

Department:

Date Reported

Time Reported:

First Name:

Last Name:

Job Title:

Phone:

E-mail:

---

### Driver Information

---

First Name:

Last Name:

Work phone  
number:

Work address:

Which Agency  
owns Vehicle:

Agency Contact:

Agency Contact  
Phone:

---

**Description of Accident**

---

Date of Loss

Time of Loss:

Status:

Location:

What  
happened?:

Speed of Your  
Vehicle Before  
Accident:

Speed of  
Other Vehicle  
Before  
Accident:

Did either driver  
signal?

Yes  
No  
Both

If so, describe:

Indicate Traffic  
Controls in  
Place:

Stop Sign  
Yield Sign  
Stop Light  
Road Striping  
Other

Light Conditions:

Daylight  
Reflective  
Sunlight  
Night  
Other

Weather  
Conditions:

Blowing Dust or  
Material  
Clear  
Fog  
Windy  
Raining  
Sleeting  
Snowing  
Other

Road  
Conditions:

Damaged  
Dry  
Icy  
Paved  
Slippery  
Snowy  
Under Repair  
Gravel  
No Defects  
Other

Driving  
Conditions:

Highway Driving  
City/Town Driving  
On-campus Driving  
Heavy Traffic  
Light Traffic  
Other

---

### Other Vehicle

---

Was another  
Vehicle  
Involved?:

First Name:

Last Name:

Address:

Driver, (If  
different from  
owner):

Phone number:

Vehicle Year:

Make:

License Plate  
number:

Driver  
License  
number:

Damaged Parts:

Insurance  
Company:

---

**Other Property Damaged**

---

Owner's First  
Name:

Owner's Last  
Name:

Address:

Describe  
Damage:

---

**Injured**

---

Name of Injured

Age:

Address:

Nature of Injury:

---

**Witnesses**

---

Name(s) of  
Witness(es):

Phone  
number(s):

Address(es):

---

**State Vehicle Damages**

---

Vin:

Year:

Make:

Model:

License Plate  
Number:

Damage  
Estimate:

Damaged Parts:

Where Can the  
Vehicle be  
Seen?

Was Supervisor      Yes  
Notified?:          No

---

**Please e-mail completed report to [rmi@boisestate.edu](mailto:rmi@boisestate.edu).**

---