KENAI PENINSULA BOROUGH

Risk Management
144 North Binkley Street • Soldotna, Alaska 99669-7520
Toll-free within the Borough: 1-800-478-4441, Ext. 2351
PHONE: (907) 714-2351 • FAX: (907) 714-2384
www.borough.kenai.ak.us

January 8th, 2015

To: Directors, Managers, Supervisors and Employees
From: Tim Bryner, Risk Manager

Please see the updated Driver's Report of Accident Form attached. Copies should be kept in all Borough and School District vehicles.

In the event of any accident involving a Borough or School District vehicle, this form should be completed within 24 hours and submitted to the immediate Supervisor and Risk Management. If possible, photos of damage should be provided.

Forms can be faxed to (907) 714-2384 or emailed to tbryner@kpb.us or agarza@kpb.us

If you have any questions, please call 907-714-2351.

Thank You!

☐ KENAI PENINSULA BOROUGH

☐ KENAI PENINSULA BOROUGH SCHOOL DISTRICT

DRIVER'S REPORT OF ACCIDENT

All accidents must be reported immediately to your supervisor. Do not discuss accident with anyone except your supervisor, the Borough Risk Manager, District Transportation Coordinator or the police. Reports are sent to Risk Manager 144 N. Binkley St. Soldotna, AK 99669 (907-714-2351). You must complete an Accident (Crash) Report if the crash was not investigated by a police officer and the total amount of damage exceeds $500, or if there was personal injury or death.

Name:				Department
Address	City	State	ZIP	Phone #:

Accident Where/When

Location: Street or Highway	City	State	Zip	Phone #:
Date of Accident		Time ☐ AM ☐ PM		

About Your Vehicle

Make of Vehicle	Year	Body Type	License	VIN	If Trailer, Serial No.
Name of Driver		Address: Street City State Zip			
Driver's License No.		Home Phone #		Work Phone #	
Part(s) Damaged and Extent of Damage					
Where Vehicle May Be Seen?				Is Vehicle Drivable?	

About Other Vehicle Involved

Make of Vehicle	Year	Body Type	License	VIN	If Trailer, Serial No.
Name of Driver		Address: Street City State Zip			
Driver's License #		Home Phone #	Work Phone #		
Name of Owner		Phone	Address: Street City State Zip		
Part(s) Damaged and Extent of Damage					
Is Vehicle Insured?		Name of Insurance Company		Is Vehicle Drivable?	

Property Damage Other Than Vehicle

Name of Owner	Phone	Address: Street City State Zip
Describe other Property		
Estimated Cost of Repair	Where may Property Be Seen?	

Passengers

Names of Passenger(s) Your Vehicle	Phone	Address: Street City State Zip

Names of Passenger(s) Other Vehicle	Phone	Address: Street City State Zip

Type of Accident

Collision With	Non collision
☐Pedestrian ☐Train ☐Moose ☐Car or Van	☐Overturn ☐Immersion
☐Bicycle/Motorcycle ☐Bus ☐Other Animal	☐Fire/Explosion ☐Other (specify) _____
☐Fixed Object(Specify) _____	

Check These Points

Road Character (Check Two)	Road Surface (Check One)	Road Defects (Check One or More)	Traffic Control (Check One or More)	Light (Check One)	Weather (Check One)
☐Straight	☐Dry	☐None Present	☐Non Present	☐Daylight	☐Clear
☐Curve-R or L	☐Wet	☐Defective Shoulders	☐Traffic Signal	☐Dusk	☐Cloudy
☐Level	☐Snow	☐Holes, Ruts, Bumps	☐Stop Sign	☐Dawn	☐Rain
☐On Grade	☐Ice	☐Loose Surface Material	☐Flashing Lights	☐Dark, Street Lighted	☐Snow
☐Crest of Hill	☐Slush	☐Other(Specify)	☐Yield Sign	☐Dark, no Street Lights	☐Sleet, freezing Rain
☐Up Hill	☐Other(Specify)		☐Officer, Flagman, Guard		☐Fog, Ice Fog, Smoke
☐Down Hill			☐RR Crossing		☐Smoke
			☐Other (Specify)		☐Other (Specify)

Accident Description

On What Street or Road Were You Driving?	Direction	Speed	Street Or Road Other Vehicle Was Driving?	Direction	Speed

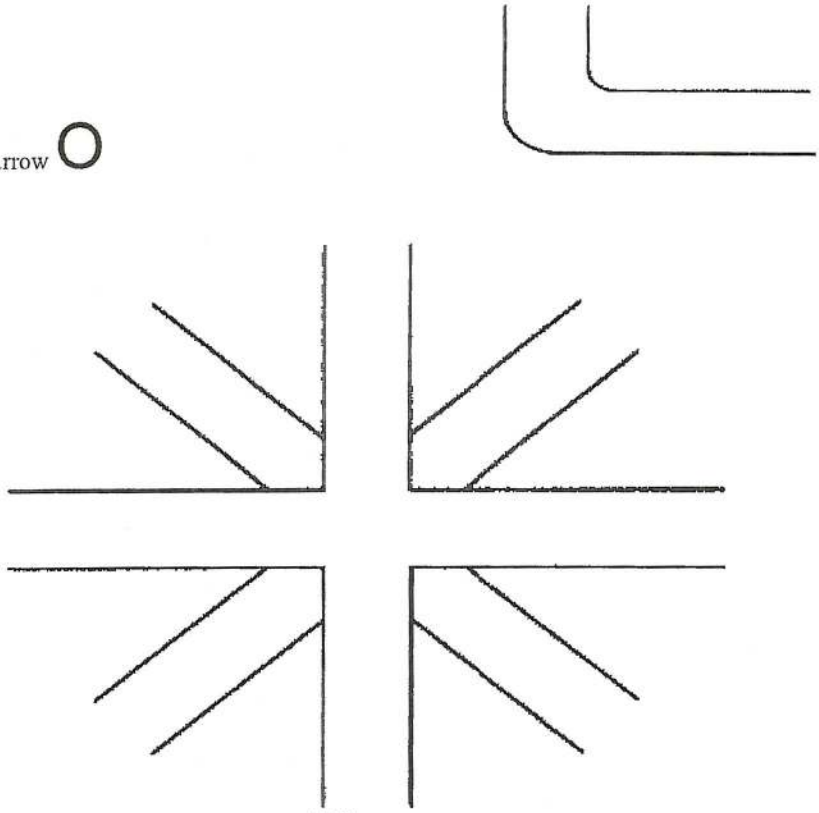
Where Your Lights On? ☐Yes ☐No ☐Bright ☐Dim	Were Other Vehicle Lights On? ☐Yes ☐No ☐Bright ☐Dim	What Traffic Controls?	For Whom	Who had right of Way?

Which Driver Violated Traffic Ordinances?	Charge	Police Investigation? ☐Yes ☐No	Police Address

Describe in Your Own Words How The Accident Happened

Show Position of all Vehicles, stop lights, signs, and other objects. Show street names.

Indicate North by Arrow O



Witnesses

Names	Phone	Address

Injuries

Name of Person(s) injured	Phone	Address	Injuries	Age