

# **IDL VEHICLE ACCIDENTS**

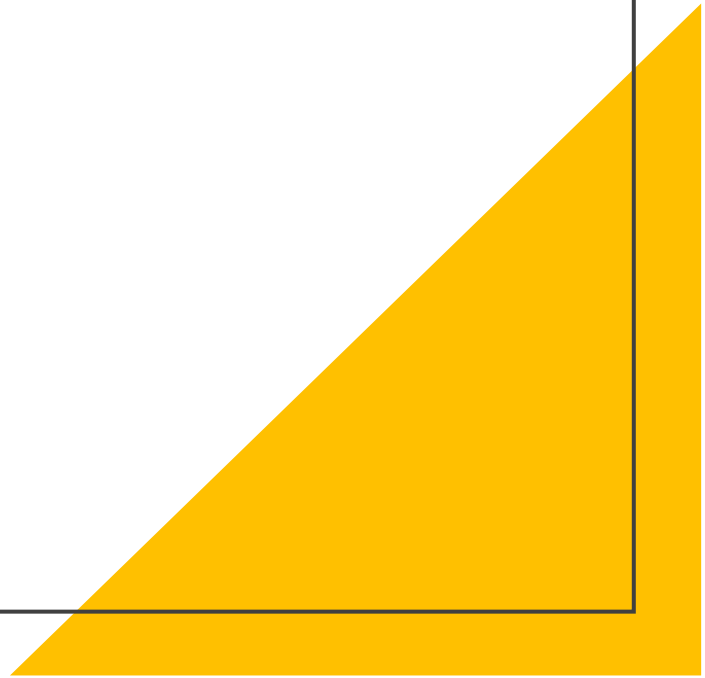
**(Clerical Side of Things)**

Date: June 2, 2022

By: Dianne Lanuza

# **Documents That You Must Have In Your Vehicle Binder:**

*Especially in case of an accident...*



## 1. Certificate of Financial Responsibility

*This is the state insurance card.*

*It does not expire.*

**State of Idaho**  
**CERTIFICATE OF FINANCIAL RESPONSIBILITY**

<b>Insured:</b>	The State of Idaho, its agencies, health districts, and permissive users of these vehicles.
<b>Covered Vehicles:</b>	All owned and leased vehicles of the State of Idaho.
<b>Guaranteed By:</b>	The Department of Administration, Risk Management Program, which self-retains the automobile liability exposure for the State of Idaho.
<b>Policy Number:</b>	Idaho Self Retained Risk Account
<b>Effective Date:</b>	July 1, 2021
<b>Expiration Date:</b>	Continuous



\_\_\_\_\_  
Faith Cox, Manager – Risk Management Program

**KEEP THIS CERTIFICATE IN VEHICLE AT ALL TIMES**  
**VALID ONLY IN STATE OWNED OR STATE LEASED VEHICLES**

## 2. Signed Vehicle Registration



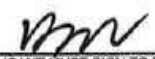
### IDAHO EXEMPT AGENCY TRUCK REGISTRATIONS

PLATE NO.	TITLE NO.	STICKER NO.	REG ISSUED	REG EXP DATE	WEIGHT CLASS	VIN
Z00147	220350073		05/23/2022	03/31/2032	0	1FTFW1E51NKD43723
YEAR	MAKE	MODEL	COLOR	HIGHWAY DISTRICT		
2022	FORD	F15	RED	ADA COUNTY HIGHWAY DISTRICT		



KEEP THIS DOCUMENT WITH THE VEHICLE AS PROOF OF VALID REGISTRATION. NO STICKERS WILL BE ISSUED TO EXEMPT PLATES.

"Registration alone is not proof of ownership, other sources should be checked to validate owner and/or lienholder."

IDAHO DEPARTMENT OF LANDS  PO BOX 83720 BOISE ID 83720-0003	20-F-53  28124	I/We certify under penalty of law that this vehicle is and will be continuously insured as prescribed by law. (see reverse side)   APPLICANT MUST SIGN TO BE VALID
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RELEASE OF LIABILITY FORM ON REVERSE SIDE

Idaho Transportation Department | Division of Motor Vehicles | PO Box 7129 | Boise, ID 83707-1129



## 4. Notice of Claim by Citizen Form – TORT Claim

*This is a claim against the state.*

### NOTICE OF CLAIM BY CITIZEN TO THE STATE OF IDAHO

TO: SECRETARY OF STATE  
STATE OF IDAHO  
PO BOX 83720  
BOISE, ID 83720-0080  
(208) 334-2852  
claims@sos.idaho.gov

Name of Claimant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

In Compliance with Title 6, Chapter 9, Idaho Code, the undersigned hereby presents a claim against the State of Idaho for damages arising out of an occurrence which happened as follows:

1. Date and Time: \_\_\_\_\_

2. Place or Location: \_\_\_\_\_

3. Cause of Damages: (Describe the details and circumstances of the accident or occurrence.) \_\_\_\_\_  
\_\_\_\_\_

4. Witness:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_

5. Amount of Claim: \$ \_\_\_\_\_ (Attach all bills or other substantiating information as to the amount of your claim. In the case of vehicle damage, please obtain two (2) estimates.)

6. Personal Injury-If Applicable: (Please describe the extent of your injury, your attending physician, the place of emergency treatment, etc.) \_\_\_\_\_  
\_\_\_\_\_

7. Property Damage-If Applicable: (Describe the property damage) \_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_

\*Please see Idaho Code §6-901 through 6-929. Claims must be filed within 180 days of the date the claim arose or should have been reasonably discovered.

## 5. Citizen's Claim Filing Procedure – TORT

State of Idaho  
Citizen's Claim Filing Procedure

Idaho Code § 6-901 through 929, known as the Idaho Tort Claims Act, makes provision for claims against the state or employees of the state.

A Notice of Claim must be filed within 180 days from the date the claim arose or should have been reasonably discovered. It must include the following accurate information:

1. Name and residence address of the person making the claim
2. Date, time, location of the occurrence
3. Description of circumstances, actions, conduct which gave rise to the occurrence
4. Description of any damage or injury resulting from the occurrence
5. Repair estimates (2), bills, or other documentation

This information may be submitted by letter, or by use of the attached form. No claim can be processed unless it is properly and timely filed with the Secretary of State.

**Please submit the claim to:**

**Secretary of State  
State of Idaho  
P.O. Box 83720  
Boise, ID 83720-0080**

**Phone: 208-334-2852**


**EMAIL: [CLAIMS@SOS.IDAHO.GOV](mailto:CLAIMS@SOS.IDAHO.GOV)**

# All documents except vehicle registration can be found on the intranet:

<https://teamwork.idl.idaho.gov/IDL/Programs/Fiscal/Forms/Forms/AllItems.aspx>



The screenshot shows the Idaho Department of Lands Intranet interface. The URL in the browser address bar is <https://teamwork.idl.idaho.gov/IDL/Programs/Fiscal/Forms/Forms/AllItems.aspx?SortField=Modified&SortDir=Desc&View=%7bD7178340%2d49CF%2d4DAB%2d8D6E%2dD24C>. The page features a header with the Idaho Department of Lands logo and a navigation menu. A search bar is located in the top right corner. The main content area displays a list of forms under the heading "Forms". The list includes columns for Type, Title, Name, Created, and Created By. A red circle highlights the first four rows of the list, which are:

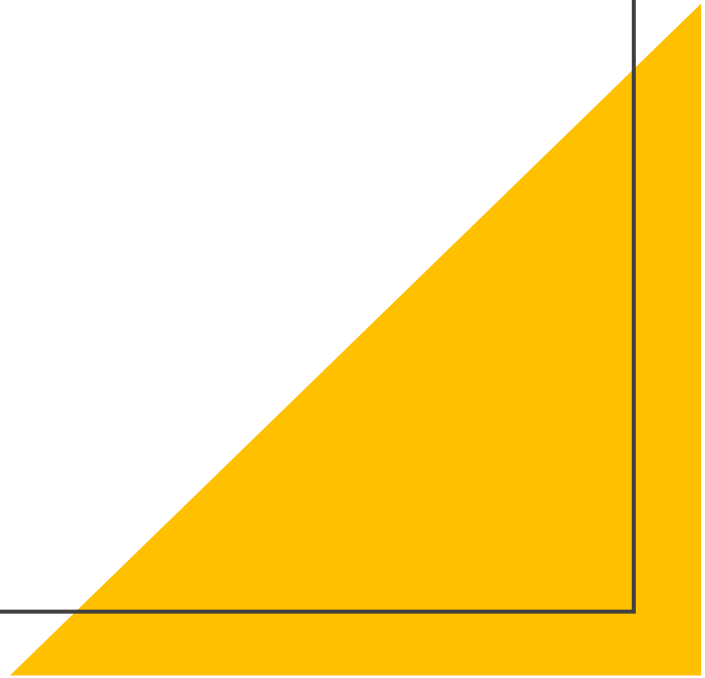
Type	Title	Name	Created	Created By
	Auto Accident Report Guide	Auto Accident Report Guide ! NEW	5/27/2022 9:13 AM	Dianne Lanuza
	Notice of Claim by Citizen Form	Notice of Claim by Citizen Form ! NEW	5/26/2022 2:52 PM	Dianne Lanuza
	Citizen's Claim Procedure	Citizen's Claim Procedure ! NEW	5/26/2022 2:51 PM	Dianne Lanuza
	Vehicle Insurance Card	Certificate of Financial Responsibility ! NEW	5/26/2022 2:47 PM	Dianne Lanuza

**If you do need a duplicate copy of vehicle registration, please send an email to Dianne Lanuza.**



# Steps to take after an accident:

{“Clerical Side of Things”}



## Step 1:

Make sure to fill out the Auto Accident Report Guide as soon as possible after the accident so that the current events stays fresh in your mind.

If you are unable to fill out the Auto Accident Report Guide, your supervisor will need to do so to the best of his/her knowledge of the incident. Some information can come from a witness and/or police report.

**H. WITNESSES**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Work \_\_\_\_\_

**I. STATE VEHICLE DAMAGES**

Vehicle ID (VIN) \_\_\_\_\_  
Make and Model \_\_\_\_\_  
Year \_\_\_\_\_ License No. \_\_\_\_\_  
Estimate of Damages \$ \_\_\_\_\_  
List damaged parts \_\_\_\_\_  
If not drivable, move to a state lot or a secure location. Notify Risk Management immediately.  
Where can vehicle be seen? \_\_\_\_\_  
Supervisor's Signature: \_\_\_\_\_

**5. Do not accept responsibility for the accident.**

Do be courteous. If the other party feels that the State driver is responsible for the accident, provide him/her with a "Citizen's Claim Procedure" form (small green sheet).

**6. Complete this form and send promptly to:**

Dept. of Administration  
Risk Management  
P.O. Box 83720  
Boise, ID 83720-0079  
Fax: 208-334-5315  
Email: RiskManagement@adm.idahogov

A copy of this report should also be sent to your department's safety coordinator.


**7. Obtain estimates of damage.**

If the State vehicle is covered by auto physical damage insurance, please obtain two estimates of repair costs and forward to Risk Management. **Note:** Do not delay sending this accident report-send estimates separately.

Costs associated with this publication are available from Dept. of Administration in accordance with Section 69-201, Idaho Code. 07-0418.700200-0102

**State of Idaho**

**AUTO ACCIDENT REPORT GUIDE**



**1. Offer assistance to anyone injured.**

Do not move injured unless absolutely necessary.

**2. Notify the police.**


**3. Don't comment on accident.**

Give information as requested by police and provide all other information and comment to Risk Management.

**4. Fill out this form.**

Complete as much as possible at the accident site. If the Driver is incapacitated, complete as much as possible and send it to Risk Management.

**Send to Risk Management**



**If accident involves serious injury or extensive property damage, contact the Risk Management Program immediately. Call (208) 332-1869**

**State Driver's** Name \_\_\_\_\_ License # \_\_\_\_\_ Work Phone No. \_\_\_\_\_ Agency Contact (If not driver) \_\_\_\_\_

**Which Agency** Owns State Vehicle? \_\_\_\_\_ Work Address \_\_\_\_\_ Phone No. \_\_\_\_\_


**A. DESCRIPTION OF ACCIDENT**

Date \_\_\_\_\_ Time \_\_\_\_\_  
Place \_\_\_\_\_  
Describe what happened \_\_\_\_\_  
\_\_\_\_\_

(Attach separate sheet if necessary)

**B. DIAGRAM ACCIDENT**

Show where vehicles hit and where they stopped




**C. Speed of your vehicle before accident**

Speed of other vehicle before accident: \_\_\_\_\_  
Did either driver signal? \_\_\_\_\_  
If so, describe \_\_\_\_\_

Please show any traffic controls on diagram.

**Example:**



Weather \_\_\_\_\_  
Visibility \_\_\_\_\_  
Road condition \_\_\_\_\_

**D. OTHER VEHICLE**

Owner \_\_\_\_\_  
Address \_\_\_\_\_  
Driver \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Make & Year of Vehicle \_\_\_\_\_  
License Plate No. \_\_\_\_\_  
Damaged parts \_\_\_\_\_  
Insurance Co. \_\_\_\_\_

**E. OTHER PROPERTY DAMAGE**

Owner \_\_\_\_\_  
Address \_\_\_\_\_  
Describe Damage \_\_\_\_\_

**F. INJURED**

**Clear Form**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Nature of Injury \_\_\_\_\_

This person was  In my vehicle  In other vehicle  Pedestrian

Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Nature of Injury \_\_\_\_\_

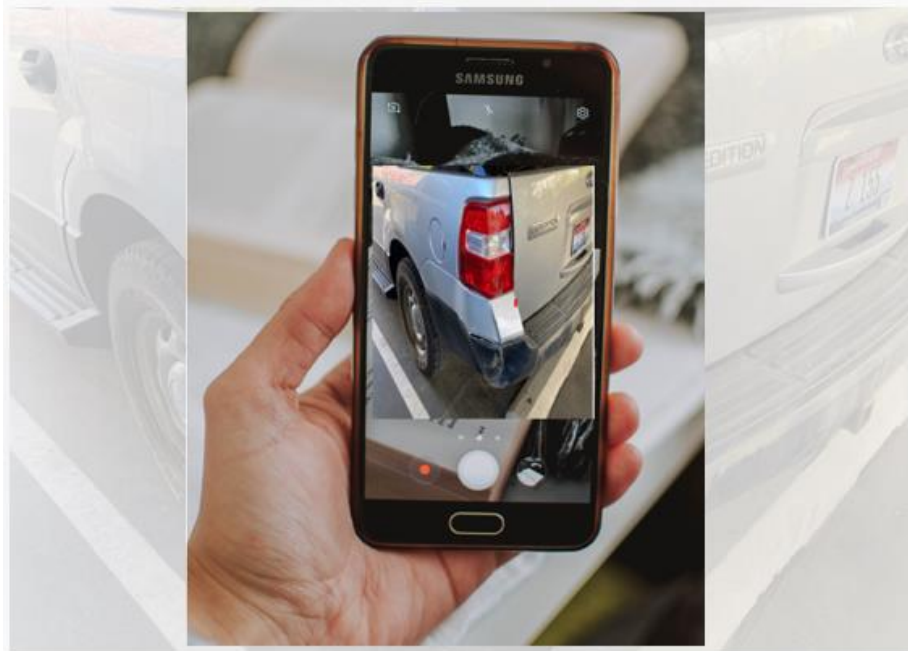
This person was  In my vehicle  In other vehicle  Pedestrian

**G. POLICE & COMMENTS**

Name of Officer \_\_\_\_\_  
Address \_\_\_\_\_  
Which police force? \_\_\_\_\_  
What citations were issued and to whom? \_\_\_\_\_  
Who do you think was at fault? \_\_\_\_\_  
Why? \_\_\_\_\_

## Step 2:

*Take pictures of all damages. Sometimes it is just a noise where you know something is not right, take a picture of the area where the noise is coming from. Sometimes other vehicles are involved or someone else's property, take pictures.*



### Step 3:

Get estimates! Risk Management requires us to submit at least 2 estimates from 2 different auto body shops.

If getting an estimate is not possible, Risk Management will send out a third-party adjuster and their final word is what we will end up paying.

### SIDE NOTE:

Our auto insurance deductible is \$1,000.00.

Off-highway vehicles (OHV) are insured under Major Property and the deductible is \$2,000.00

### VERY IMPORTANT THING TO REMEMBER:

Do NOT get the vehicle fixed without an authorization!



**Preliminary Estimate**

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**Customer: Idaho Department Of Lands**  
2021 FORD Super Duty F-250 w/Single Rear Wheels XL Crew Cab 4WD w/6.75' Box 4D SHORT 8-6.2L Flex Fuel Sequential MPI

Line	Oper	Description	Part Number	Qty	Extended Price \$	Labor	Paint
1		<b>FRONT DOOR</b>					
2	R&I	RT R&I trim panel				0.6	
3	*	Repl RT Mirror assy w/o blind spot, w/o camera	HC3ZL7682DA	1	1,235.47	0.7	0.0
4	*	Dis/reassmble to refn				0.0	
<b>SUBTOTALS</b>					<b>1,235.47</b>	<b>1.3</b>	<b>0.0</b>

<b>ESTIMATE TOTALS</b>			
Category	Basis	Rate	Cost \$
Parts			1,235.47
Body Labor	1.3 hrs @	\$ 60.00 /hr	78.00
Subtotal			1,313.47
<b>Grand Total</b>			<b>1,313.47</b>
Deductible			0.00
<b>CUSTOMER PAY</b>			<b>0.00</b>
<b>INSURANCE PAY</b>			<b>1,313.47</b>

MyPriceLink Estimate ID / Quote ID:  
874703108462015232 / 93859471

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

## Step 4:

*Email a copy of the accident report, pictures, and estimates to me (Dianne Lanuza) and Vikki Snider. I will then file a claim through Risk Management.*

### **VERY IMPORTANT THING TO REMEMBER:**

**Do NOT get the vehicle fixed without an authorization!**

*Risk Management will review the estimates and will choose the shop/vendor.*

*I will then let you know which shop to take your vehicle to and sometimes Risk Management will provide a letter regarding any supplemental cost.*



BRAD LITTLE  
Governor  
BRYAN MOONEY  
Director

### State of Idaho

Department of Administration  
Division of Insurance and Internal Support  
Risk Management Program

650 West State Street  
P.O. Box 83720  
Boise, ID 83720-0079  
Telephone (208) 332-1869 or Fax (208) 334-5315  
<http://adm.idaho.gov/risk/>

DATE: June 29, 2021

STATE OF IDAHO, RISK MANAGEMENT FILE #: 2021-0697-000

The State of Idaho, Risk Management Program has approved repairs to the 2014 Chevy Silverado, Z529 in the amount of \$4,907.88 at Creative Auto.

Please have Creative Auto contact Sandra Hammons at (208) 332-1873 for prior approval for all supplemental repairs to these specific repairs. Failure to receive prior approval may result in the denial of payment to the agency for supplemental repairs.

Once repairs are completed Risk Management will require a copy of the final repair invoice and will issue payment to your agency following final adjustment less the agency deductible.

*Please note that the agency is responsible for payment to the body shop.*

Please call me if you have any questions.

Sandra Hammons  
Claims Technician  
State of Idaho, Risk Management  
Email: [sandra.hammons@adm.idaho.gov](mailto:sandra.hammons@adm.idaho.gov)

## Step 5:

Once the vehicle is repaired, get the invoice coded and approved, then send original copy to Boise Fiscal to be paid. Email a copy to me (Dianne Lanuza).

### FYI:

Risk Management will then send us a check for the amount your area paid for the repair cost minus the \$1,000.00 deductible. This check will be receipted back to the appropriate fund that was used to pay for the invoice.

DAVE'S REPAIR  
P.O. Box 366  
Craigmont, ID 83523  
208-924-7554

Invoice #  
8/3/2021 16608

Bill To  
Idaho Department of Lands  
Craigmont, ID 83523

Terms  
Net 30

**2018 Ford F550 XL 4 #Automatic VIN: 1FD0W5HTY03B41527**  
Lic: Z670 Mileage: 013,984  
Insurance file no. ID0883

Item	Qty	Description	Rate	Amount
Labor		Troubleshoot an inability to shift the transmission after the vehicle hit a stump. Replace a damaged transmission pan, exhaust pipe and hangers. Performed a road test.	160.00	160.00
Parts		Transmission pan EC322A194D	47.00	47.00
Parts		Head pipe to exhaust manifold HC325246A	683.58	683.58
Parts	1.5	One-Milex 1/2 fluid V93246	5.29	55.01
Parts	2	Rear exhaust flange bolts	4.93	9.86
Parts		Filter kit 15958	73.45	73.45
Freight	2	Delivery charge	10.00	20.00

Inv Date: 08/03/2021 Vendor #:  
Inv #: 16608 Acc #: IDL-Craigmont  
Description: Tandem Axle Trailer #43771

SUBIDEM	PCA	TC	AMT	PROJPH
5618	71430	230	888.00	
5200	71430	230	160.00	

Approved:

All estimates are valid for 30 days and do not include unforeseen problems and/or repairs.

Subtotal	\$1,048.90
Sales Tax (6.0%)	\$6.00
Total	\$1,048.90
Payments/Credits	\$0.00
Balance Due	\$1,048.90

**QUESTIONS**

