

NOTICE OF CLAIM
Automobile/Equipment Accident Report
Last Revised: 12/02/08

Departments must report loss of University property due to an automobile or motorized equipment (similar to a motorized vehicle) accident to the Department of Safety and Risk Services, 1801 Tucker St. NE, Bldg 233 MSC07 4100, 1 University of New Mexico, Albuquerque, NM 87131-001 as soon as practical after the occurrence. Complete both sides of this form and attach:

- a copy of the police report, if applicable;
- a copy of the purchase document as proof of ownership, purchase, and value; and
- an estimate of the loss, listing the vendor and replacement or repair cost of each item.

Automobile accidents must also be reported to the UNM Police Department.

Police Report Filed: Yes _____ No _____ If yes, indicate agency (i.e. UNMPD, APD, other)

Department _____ Organization Code _____

UNM Automobile Information:

Name of Driver _____ Work & Home Phone Number(s) _____

SSN _____ Driver's License #/State _____

Vehicle # _____ License Plate # _____ Year _____ Make _____ Model _____

Serial # _____

Date & Time of Accident _____

Location of Accident _____

Location of Damage on Vehicle _____ Can Vehicle Be Driven: Yes ___ No ___

Citations Issued (for what?) _____

Names of All Passengers in the Vehicle (if none, write none) _____

Names of All Injured in UNM Vehicle _____

Banner Index to which vehicle insurance is charged _____

UNM Driver's Account of Accident: _____

Other Party:

Name of Other Driver, Property Owner, or Pedestrian _____

Drivers License #/State _____

Address/City/State/Zip _____

Daytime Phone # _____ Nighttime Phone # _____

License Plate # _____ Year _____ Make _____ Model _____

Location of Damage on Vehicle _____ Can Vehicle Be Driven: Yes ___ No ___

Citations Issued (for what) _____

Insurance Company/Policy Number _____

Names of All Passengers in the Vehicle (if none, write none)

Names, Addresses, and Phone Numbers of All Those Injured in Other Vehicle

Other Party's Account of Accident: _____

