

COMMONWEALTH OF KENTUCKY - DIVISION OF STATE RISK & INSURANCE SERVICES

**KSAP Accident Report Form
IF YOU HAVE AN ACCIDENT**

Do the following:

- 1 Call 911 immediately if damage or injuries are involved; request an officer to file a report and request medical assistance if needed.
- 2 Call your Supervisor.
- 3 Call your Agency Claim contact.
- 4 Obtain the other driver's license number, insurance information from their insurance verification card and a description of the vehicle from their registration card.
- 5 Give the other driver your name, address, and license number and show him / her the Commonwealth's Insurance ID Card located in the vehicles glove compartment.
- 6 For your protection, if safe, take photos of all four sides of all vehicles, license plates, skid marks, all angles of the roadway approach and persons in the vehicles involved in accident.
 - DO NOT admit fault. Circumstances & Contract Claims Adjusters will make that determination.
 - DO NOT make any statements about the accident to anyone other than Police Officer, your Supervisor, your Agency Risk Management Officer, KSAP Claims Adjuster or Commonwealth Legal Counsel.

Remember you are an Employee of the Commonwealth, thus representative of the Commonwealth. Please act professionally at all times.

Vehicle Driver shall complete all applicable sections of this form. In case of driver injury, passenger / supervisor shall complete this form.

Submit this form to your Supervisor the same day but no later than the next business day after the accident.

Supervisors / Managers shall complete an initial investigation, review this form for accuracy & completeness, and submit it to your Agency Risk Manager within 24 hours of receipt of this form.

KRS 304.47-030 "Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

Describe in your own words how the accident occurred:

Police Officer

Report #

Badge #

Department

City

Attach Police Report

Injured Persons:

WAS AMBULANCE CALLED? Yes No

1) Name

2) Name

Address

Address

City / State

City / State

Phone #

Phone #

3) Name

4) Name

Address

Address

City / State

City / State

Phone #

Phone #

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KSAP Accident Report Form (page 2)

Date of Collision Time AM PM County
(mm/dd/yyyy)

This collision occurred in *(City or Town)*

or Miles N S E W of *(City or Town)*

Street Name & # / Intersection

STATE DRIVER INFORMATION

Driver *First* *Middle* *Last*

Driver's email
Address

Employee Email
Dr License #/State

Date of Birth

Phone #

CAB/DEP/DIV

Vehicle Make, Model, Yr

Reg Plate # & VIN #

Damage to Vehicle *(attach photos if available)*

Where is vehicle now? Driveable?

Damage to Property - Other than Vehicle
(attach photos if available)

Owner's Name

Address

OTHER DRIVER / PEDESTRIAN

Driver *First* *Middle* *Last*

Address

Dr License #/State

Date of Birth

Phone #

Owner of Vehicle

(if different) *First* *Middle* *Last*

Address *(if different)*

Vehicle Make, Model, Yr

Reg Plate # & State

Insurance Co

Address

Damage to Vehicle

Additional notes:

Claim reviewed by Supervisor *(name)*

Date

Supervisor Phone #

Supervisor eMail

Claim reviewed by Agency Claims contact *(name)*

Date

Agency Claim contact Phone #

Claim contact eMail

Mail to: Division of State Risk & Insurance Services
ATTN: CLAIMS
500 Mero St., 1st Floor
Frankfort, KY 40601

EMAIL TO:

KSAPAutoclaims@ky.gov