

MAIL TO:

DEPARTMENT OF PUBLIC SAFETY
SAFETY RESPONSIBILITY UNIT
PO BOX 1471
MONTGOMERY AL 36102-1471

Information and Instructions: Completion of this form is required ONLY if a motor vehicle accident occurring in Alabama, caused death, personal injury, or property damage to any one owner in excess of \$500 by an uninsured motorist. You can only file this form if you have not been compensated for your injuries or losses.

DPS ACCIDENT CASE NO: _____

DATE OF ACC: _____

DRIVER'S NAME: _____

DRIVER'S LICENSE STATE: _____

DRIVER'S LICENSE NUMBER: _____

NAME AND ADDRESS OF PERSON MAKING CLAIM:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY DAMAGE CLAIM

I, _____, CERTIFY THAT DAMAGES TO MY VEHICLE AND/OR PROPERTY AMOUNTED TO \$ _____, AS A RESULT OF THIS MOTOR VEHICLE ACCIDENT. I BELIEVE MYSELF ENTITLED TO RECOVERY OF THE ABOVE AMOUNT FROM _____ DRIVER AND FROM _____, OWNER OF THE OTHER MOTOR VEHICLE INVOLVED IN THIS ACCIDENT, AND I HAVE NOT RELEASED SAID PARTY(IES).

SIGNATURE OF OWNER: _____, DATE: _____
(Must have title of person signing for company)

INJURY CLAIM

I, _____, CERTIFY THAT AS THE RESULT OF THIS MOTOR VEHICLE ACCIDENT MY MEDICAL EXPENSES ARE \$ _____. I BELIEVE MYSELF ENTITLED TO RECOVERY OF THE ABOVE AMOUNT FROM _____, DRIVER AND FROM _____, OWNER OF THE OTHER MOTOR VEHICLE INVOLVED IN THIS ACCIDENT, AND I HAVE NOT RELEASE SAID PARTY(IES).

SIGNATURE OF INJURED PARTY _____, DATE: _____
(If Minor, signature of legal guardian)