

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)

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**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)