



# ALABAMA LAW ENFORCEMENT AGENCY DRIVER LICENSE DIVISION

201 SOUTH UNION STREET, SUITE 300 / P.O. BOX 304115 / MONTGOMERY, AL 36130-4115  
PHONE 334.676.6000 / ALEA.GOV

## ACCIDENT CLAIM FORM

MAIL TO:  
Alabama Law Enforcement Agency  
Safety Responsibility Unit  
P.O. 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.

ALEA Accident Case No. \_\_\_\_\_ Date of Accident \_\_\_\_\_

### AT FAULT DRIVER INFORMATION

Driver's Name: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License No. \_\_\_\_\_

### PERSON AND / OR COMPANY MAKING CLAIM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

### PROPERTY DAMAGE CLAIM (OWNER ONLY)

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 (DRIVER AND / OR PASSENGER)

I, \_\_\_\_\_, certify that as a 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 released said party(ies).

Signature of Injured Party: \_\_\_\_\_ Date: \_\_\_\_\_

(If Minor, signature of legal guardian)