



**STATE OF MONTANA  
RISK MANAGEMENT & TORT DEFENSE  
DEPARTMENT OF ADMINISTRATION  
P.O. BOX 200124 - HELENA, MT 59620-0124  
(406) 444-2421 FAX (406) 444-2592**

**REPORT OF INCIDENT**

<b>Reporting Person:</b>		<b>Job Title:</b>	
<b>Department:</b>		<b>Division:</b>	<b>Phone:</b>
<b>Date/Time of Incident:</b>		<b>Location of Incident:</b>	

**COMPLETE ONLY THE SECTION THAT APPLIES TO YOUR LOSS**

**VEHICLE**  **PERSONAL INJURY**  **PROPERTY DAMAGE**  **CYBER/DATA SECURITY/OTHER INCIDENT**

**VEHICLE**

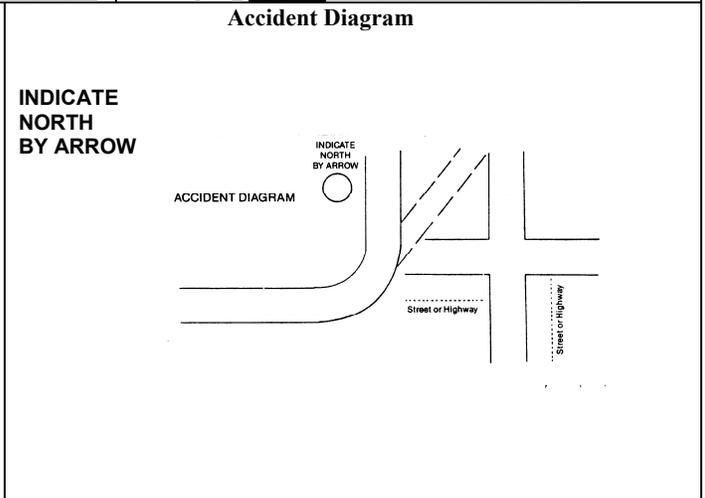
**ACCIDENT INFORMATION**

<b>Were Police Notified?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Police Department Name:</b>
<b>Investigating Officer's Name:</b>		<b>Investigation Officers Phone Number</b>
<b>Were Citations Issued?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> STATE Vehicle Driver <input type="checkbox"/> OTHER Vehicle Driver <input type="checkbox"/>		
<b>Weather Conditions:</b> Clear? <input type="checkbox"/> Rain? <input type="checkbox"/> Snow? <input type="checkbox"/> Other? <input type="checkbox"/> Describe		
<b>Roadway Conditions:</b> Dry? <input type="checkbox"/> Wet? <input type="checkbox"/> Icy? <input type="checkbox"/> Snow packed? <input type="checkbox"/> Other? <input type="checkbox"/> Describe		
<b>Light Conditions:</b> Daylight? <input type="checkbox"/> Darkness? <input type="checkbox"/> Dusk? <input type="checkbox"/> Dawn? <input type="checkbox"/> Other? <input type="checkbox"/> Describe		
<b>Vehicle Speed:</b> STATE Vehicle?		OTHER Vehicle?

<b>License No.</b> _____	<b>Attachment No.</b> _____	<b>Attachment No.</b> _____
<b>Est. Repair</b> _____	<b>Est. Repair</b> _____	<b>Est. Repair</b> _____

**Describe Accident/Incident in detail:**

*(use blank paper for additional information)*



<b>Signature of Driver:</b>	<b>Date:</b>
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**STATE VEHICLE INFORMATION**

<b>Department Owning Vehicle:</b>	<b>Phone No.</b>	
<b>Driver's Name:</b>	<b>Phone No.</b>	
<b>For What Purpose was the Vehicle Being Used?</b>		
<b>Plate No.</b>	<b>VIN No.</b>	<b>Make/Model/Year:</b>

Location Where Vehicle May Be Seen (Address)?	Equip. No.
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**OTHER VEHICLE INFORMATION**

Plate No./State:	VIN No.:	Make/Model/Year:
Owner Name:		
Address:		Phone No.:
Driver's Name:		
Address:		Phone No.:
Insurance Co.:	Policy No.:	Phone No.:

**OCCUPANTS**

Name:	Address:	Age	State Veh.	Other Veh.	Injured Y - N	Describe Injury
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

**WITNESSES**

Name:	Address:	Phone:

**PERSONAL INJURY**

Name of Injured:	Address:	Phone:
Nature of Injury:		
Describe clearly how accident/injury occurred:		
<i>(use blank paper for additional information)</i>		

**PROPERTY DAMAGE**

Describe clearly how the loss occurred and give a brief description of the property (i.e. make, model, serial number when applicable)
<i>(use blank paper for additional information)</i>

**CYBER/DATA SECURITY/OTHER**

Describe clearly how the incident occurred:
<i>(use blank paper for additional information)</i>

Date	Reporting Person's Signature:
Date	Supervisor's Signature:
Date	Department Official's Signature:

