Accident Form
Risk Management & Tort Defense Division
1625 11th Avenue Middle Floor
PO Box 200124 • Helena, MT 59620-0124
(406) 444-2421

DON’T COMMENT
Do not make any statement concerning the assumption of liability.
Give out only that information required by authorities.

ACCIDENT INFORMATION
Date: _____ - _____ - ______ Time: _____:_____ AM/PM
Location: ____________________________________________
Weather Conditions: __________________________________

STATE VEHICLE (VEHICLE #1)
Driver’s Name: ________________________________________
Issued Citation: YES  NO  Explain: ________________________
Department: __________________________  Phone:  __________________
Vehicle Owner: _________________________________________
Use of Vehicle: _________________________________________
Vehicle: ______________________________________________
VIN: ________________________________________________
    Make    Model    Year
Plate Number: ___________________________ State: _________
Description of Damage: __________________________________
________________________________________________________________________________________________________________________

CALL RISK MANAGEMENT AND TORT DEFENSE DIVISION
(406) 444-2421

CERTIFICATE OF INSURANCE
2-9-108, MCA (Statutory Coverage, in lieu of Commercial Policy Number)
Motor vehicles that are owned, rented, leased, or loaned and operated for business purposes are covered by auto liability insurance limits of $750,000/claim; $1,500,000/ occurrence per State of Montana Statute 2-9-108, MCA and authorized by RMTD.

STATE EMPLOYEE DRIVER’S SIGNATURE

Signature

________________________________________________________________________

D R I V E R ’ S  N A M E  :  ________________________________________
D I S S U E D  C I T A T I O N  :  YES  NO  E X P L A I N  :  ________________________
D E P A R T M E N T  :  __________________________  P H O N E  :  __________________
V E H I C L E  O W N E R  :  _________________________________________
U S E  O F  V E H I C L E  :  _________________________________________
V E H I C L E  :  ______________________________________________
V I N  :  ________________________________________________
    M A K E    M O D E L    Y E A R
P L A T E  N U M B E R  :  ___________________________  S T A T E  :  ___________
D E S C R I P T I O N  O F  D A M A G E  :  ____________________________________
________________________________________________________________________
OTHER VEHICLE (VEHICLE #2)

Driver’s Name: _________________________________________

Phone Number: ( ) - ________________________________

Issued Citation: YES  NO  Explain: ________________________

Vehicle: ______________________________________________

Vehicle Owner: ________________________________________

Plate Number: __________________________ State: ___________

Description of Damage: __________________________________

_____________________________________________________

POLICE INFORMATION

Were the POLICE notified:              YES             NO

Officer’s Name:  ________________________________________

Badge Number: __________________________ Written Report: YES  NO

Department:  ___________________________________________

INJURED PERSON(S) INFORMATION

Name:  ________________________________________________

Phone: ( ) - __________________________ Age: ____________

Address: ______________________________________________

Street

City State Zip

The injured person was:

In my car        In other car     A pedestrian

Nature of Injury:

Please use additional cards/paper for additional injuries.

OTHER PROPERTY DAMAGE INFORMATION

Owner: _______________________________________________

Phone Number: ( ) - ________________________________

Address: ___________________________________________

Street

City State Zip

Object Damaged: _______________________________________

Nature of Damage: ____________________________________

WITNESS INFORMATION

Name:  ________________________________________________

Phone: ( ) - __________________________

Address: ___________________________________________

Street

City State Zip

Please use additional cards/paper for additional witnesses.

DIAGRAM ACCIDENT

Please draw the accident to the best of your ability

Circle which applies.