DESCRIPTION OF ACCIDENT

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

STATE EMPLOYEE DRIVER'S SIGNATURE

_____

Signature

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.

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: _____
Make Model Year

VIN: _____

Plate Number: _____ State: _____

Description of Damage: _____

_____

_____

OTHER VEHICLE (VEHICLE #2)

Driver's Name: _____

Phone Number: ( ) -

Issued Citation: YES NO Explain: _____

Vehicle: _____
Make Model Year

Vehicle Owner: _____

Plate Number: _____ State: _____

Description of Damage: _____

_____

_____

Please use additional cards/paper for additional vehicles

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

Name: _____

Phone: ( ) -

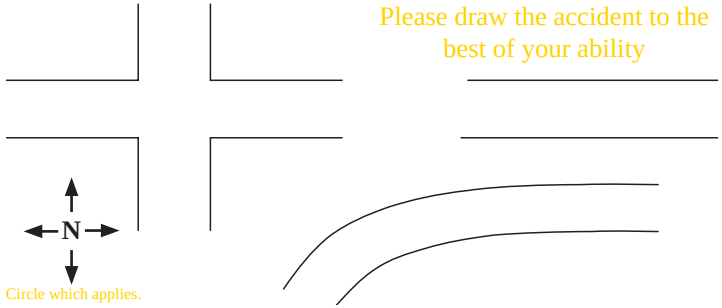
Address: _____
Street

_____
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.