	<b>Montana Operations Manual</b>  <b>Procedure</b>	<b>Policy Number</b>	7.02
		<b>Effective Date</b>	August 1, 1998
		<b>Last Revised</b>	February 15, 2012
<b>Issuing Authority</b>	Department of Administration		
<b>Property/Casualty Claim Reporting</b>			

## I. Purpose

In accordance with §2-9-303, MCA, the Risk Management & Tort Defense Division (RMTD) may settle any claim for personal injury/property damage in behalf of state agencies. Timely and accurate reporting of claims is critical in order to protect the interests of the state and its employees. Please follow these procedures to report a claim. The purpose of this policy is to specify the process and forms which state agencies must use to report property/casualty claims and incidents to the Risk Management & Tort Defense Division (RMTD).

## II. Definitions

Claim - A claim is a demand for monetary damages arising from personal injury or property damage. For purposes of this policy, 'claim' refers to a request for indemnification from a state agency for property damage or a liability claim filed against a state agency, excluding a lawsuit. All claims require that state agencies conduct a preliminary investigation and submit a Report of Incident to RMTD as described in this policy. Claimants shall not be directed to use forms, rules, or processes hereinafter referenced, rather, they shall be referred to the procedures outlined on RMTD's website.

Incident - An event, process, or set of circumstances that may result in potential harm or loss to the state.

Indemnification - An agreement where one party agrees to pay claims and associated costs in behalf of another party to an agreed limit, for specified loss exposures, and for a time specific period.

## III. Claim Categories

For reporting purposes, claims fall into one of four categories:

**A. Vehicle** - losses arising from the use of state owned, leased, or courtesy vehicles, mobile equipment, and watercraft.

**B. Personal Injury** - losses to 'non-state parties' arising from personal injury or property damage other than vehicles.

**C. Property** - losses to state property other than automobile and personal injury arising from perils such as hail, windstorm, earthquake, fire, theft, etc.

**D. Data Breach/Other** - losses arising from data/information security breaches and other losses.

The division coordinates the settlement and adjudication of property and casualty claims except workers' compensation, group health, life, accidental death & dismemberment, and disability in behalf of state agencies. All other claims shall be filed with the agencies of state government or the university system responsible for administering those programs.

#### **IV. Claims Reporting**

Timely and accurate reporting of claims is critical in order to protect the interests of the state and its employees.

- A. After an agency or university has suffered a loss, the employee most familiar with the incident should immediately notify his/her supervisor and complete a [Report of Incident](#) form. For vehicular accidents, guidelines about what information to collect and what to say and do at the accident scene may be found in the [Accident Form](#) located in the vehicle glove box.
- B. The immediate supervisor or his/her designee must conduct an investigation to determine what happened, why it happened, and how the claim can be prevented from recurring.
- C. Any catastrophic property loss, data breach, or other loss which involves a fatality or bodily injury, should be telephoned to RMTD claims staff at (406)444-2421 by the immediate supervisor or his/her designee as early as possible the day of the incident, or, if after normal business hours (i.e. 8:00 a.m. to 5:00 p.m.), the next day. The 'Report of Incident' must be signed by the supervisor and submitted to RMTD within 24 hours.
- D. For all other losses, the immediate supervisor or designee must assure that a [Report of Incident](#) form is accurately completed, signed, and sent to RMTD within 5 business days. Claims that are not reported within 60 days may be denied.
- E. A [Report of Incident](#) form should be initiated even if no injury or property damage resulted from the incident. An incident that occurs today with little consequence for the agency involved, may have serious consequences for others at some future date.

- F. The [Report of Incident](#) form must contain only factual information. State personnel who are completing the reports **should exercise caution not to place blame on other state employees or admit liability.**
- G. Do not furnish information on claims or lawsuits to unauthorized persons other than law enforcement officials. Obtain names and address of witness. Refer all other questions to RMTD.
- H. In the event of a claim involving theft of money, securities, or other property, notify the police immediately and call RMTD claims staff as soon as possible.
- I. Copies of the [Report of Incident](#) form shall be distributed as follows:

**ORIGINAL**

Risk Management and Tort Defense Division  
1625 11th Avenue  
P.O. Box 200124  
Helena, MT 59620-0124

**COPIES**

Department of Transportation, Organizational Development Bureau for claims involving motor pool vehicles. One copy of each report shall be maintained by the respective agency. If possible, photographs and diagrams of the losses should also be provided.

- J. Contact us. If a loss occurs during normal business hours you may reach any of our staff at their phone extensions <http://rmtd.mt.gov/aboutus/organizationstaff.mcp> or call (406)444-2421. In the event of an emergency, after normal business hours call (406)444-2421 and press 1. for Gordon Amsbaugh, 2. for Jennie Younkin, or 3. for Brett Dahl. Your phone call will then be transferred to a live person. Follow the instructions at <http://rmtd.mt.gov/claims/agenciesreportclaims.mcp> for filing a claim and send the 'Report of Incident' and other appropriate documentation to our office immediately.

**V. Records**

Copies of the 'Report of Incident' form shall be distributed as follows:

**ORIGINAL**

Risk Management and Tort Defense Division  
1625 11th Avenue  
P.O. Box 200124  
Helena, MT 59620-0124

## COPIES

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### VI. Rules Governing

None.

### VII. Statutes Governing

§2-9-303, MCA  
§2-9-305, MCA

### VIII. Forms

Report of Incident  
Accident Form Pamphlet

### IX. Administrative Use

History Log	
Approved Date:	August 1, 1998
Effective Date:	August 1, 1998
Change and Review Contact:	<u>Brett Dahl</u>
Review:	Event Review: Any event affecting this policy may initiate a review. Such events may include a change in statute, key staff changes or a request for review or change.
Scheduled Review Date:	Five years from Effective Date
Last Review/Revision:	February 15, 2012
Changes:	



**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**

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

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

VEHICLE 
 PERSONAL INJURY 
 PROPERTY DAMAGE 
 DATA BREACH/OTHER

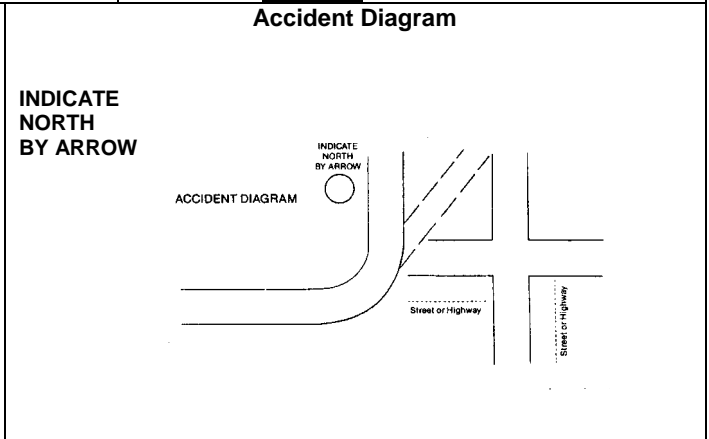
**VEHICLE**

**ACCIDENT INFORMATION**

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

Describe Accident/Incident in detail:

*(use blank paper for additional information)*



Signature of Driver:	Date:
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**STATE VEHICLE INFORMATION**

Department Owning Vehicle:		Phone No.
Driver's Name:		Phone No.
For What Purpose was the Vehicle Being Used?		
Plate No.	VIN No.	Make/Model/Year:
Location Where Vehicle May Be Seen (Address)?		Equip. No.

**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:
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Nature of Injury:

Describe clearly how accident/injury occurred:

*(use blank paper for additional information)*

**PROPERTY DAMAGE**

Describe clearly how the loss occurred and give a brief description of the property (i.e. make, model, serial number when applicable)

*(use blank paper for additional information)*

**DATA BREACH/OTHER**

Describe clearly how the loss occurred:

*(use blank paper for additional information)*

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

