



**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** **CYBER/DATA SECURITY/OTHER INCIDENT**

VEHICLE

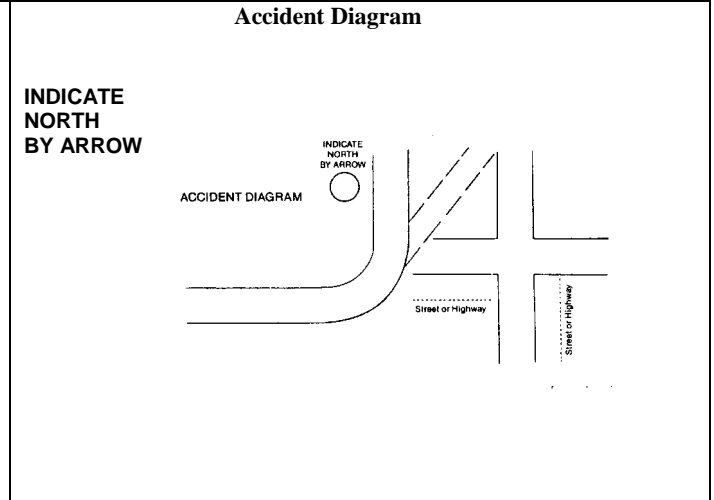
ACCIDENT INFORMATION

| | | | |
|---|--|--|--|
| 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: |
|-----------------------------|--------------|

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: |
|------------------|----------|--------|

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)

CYBER/DATA SECURITY/OTHER

Describe clearly how the incident occurred:

(use blank paper for additional information)

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