



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

REPORT OF INCIDENT

COMPLETE ONLY THE SECTION THAT APPLIES TO YOUR LOSS

VEHICLE () PERSONAL INJURY () PROPERTY DAMAGE / OR LOSS ()

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

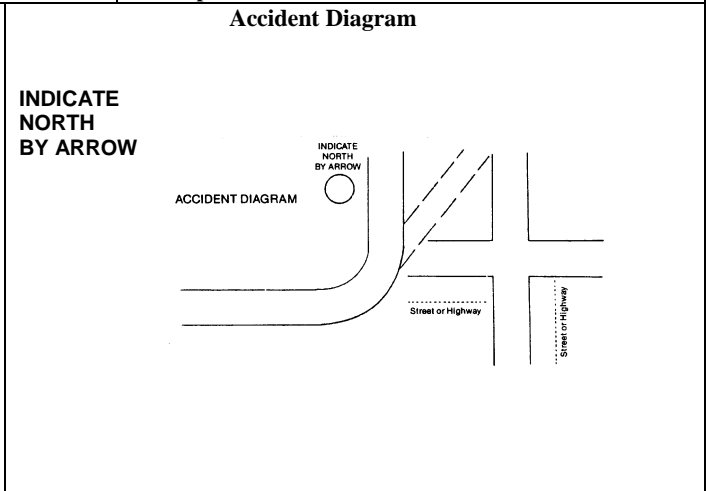
VEHICLE LOSS

ACCIDENT INFORMATION

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

WITNESSES

Name:	Address:	Phone:

PERSONAL INJURY

Name of Injured:	Address:	Phone:
Nature of Injury:		
Describe clearly how accident/injury occurred:		
<p style="text-align: center;"><i>(use blank paper for additional information)</i></p>		

PROPERTY DAMAGE / OR LOSS

State Property () Other ()

Describe clearly how property damage occurred:

(use blank paper for additional information)

Property Description (Give make, model, serial number when applicable)

(use blank paper for additional information)

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

