

YOU MUST COMPLETE ALL REQUIRED AREAS OF THIS FORM. PLEASE SAVE THIS FORM TO YOUR DESKTOP BEFORE COMPLETING, OR YOUR CHANGES WILL NOT BE SAVED.



SAFETY & RISK MANAGEMENT

1160 Research Drive
 Bozeman, MT 59718
 (406) 994-6888 • Fax (406) 994-7040
 insurance@montana.edu



REPORT OF INCIDENT

Reporting Person:		Job Title:	Email:
Department:		Division:	Phone:
Date/Time of Incident:		Location of Incident:	
Supervisor:	Sup. Phone #:	Sup. Email:	

COMPLETE ONLY THE SECTION THAT APPLIES TO YOUR SITUATION

VEHICLE <input type="checkbox"/>	PERSONAL INJURY <input type="checkbox"/>	PROPERTY DAMAGE <input type="checkbox"/>	CYBER/DATA SECURITY/OTHER INCIDENT <input type="checkbox"/>
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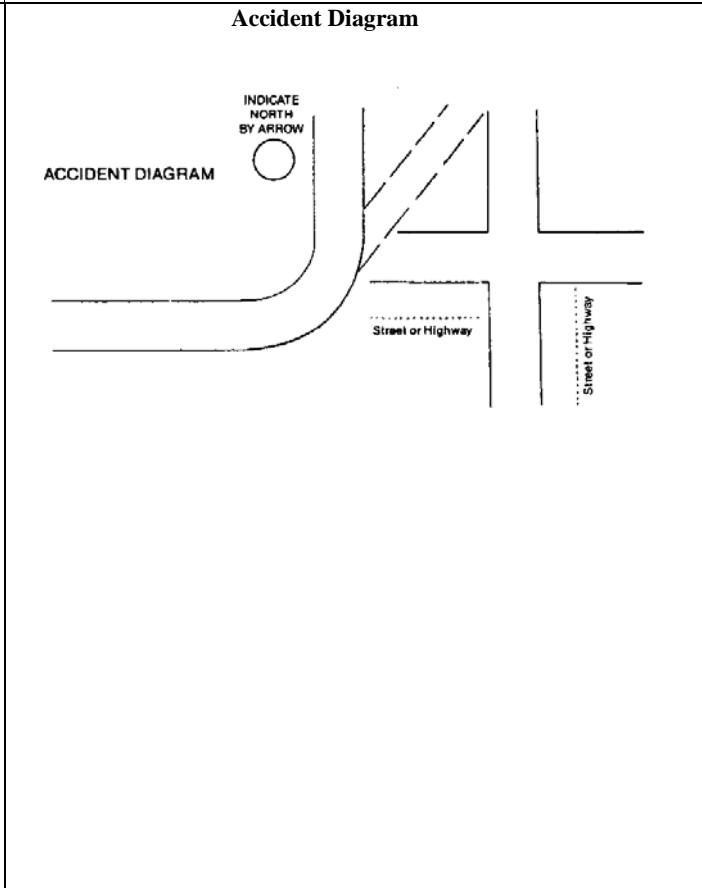
VEHICLE LOSS

ACCIDENT INFORMATION

Were Police Notified? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of Police Department:	
Name of Investigating Officer:		Investigating Officer's Phone Number:	
Were Citations Issued? Yes <input type="checkbox"/> No <input type="checkbox"/>	STATE Vehicle Driver:	OTHER Vehicle Driver:	
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:			

Speed of State Vehicle:	Speed of Other Vehicle:
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Describe Accident/Incident in detail:



(Attach Word document if more space is needed)

STATE VEHICLE INFORMATION

Department Owning Vehicle:	Phone #:
Driver's Name:	Driver's Phone #:

For What Purpose was the Vehicle Being Used:

Plate #:	VIN #:	Make/Model/Year:
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Location Where Vehicle May Be Seen (Address):**OTHER VEHICLE INFORMATION**

Plate #:	State:	VIN #:	Make/Model/Year:
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Owner's Name:	Address:	Phone #:
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Driver's Name: <i>(if different than Owner)</i>	Address:	Phone #:
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Insurance Co.:	Policy #:	Phone #:
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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"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

WITNESSES

Name:	Address:	Phone:

PERSONAL INJURY
(of non-MSU employees only)

Name of Injured:	Address:	Phone:
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Nature of Injury:**Relationship of Injured Party to MSU:****Describe clearly how accident/injury occurred:***(Attach Word document if more space is needed)*

PROPERTY DAMAGE

PLEASE CHECK ONE: State Property Other

Describe clearly how property damage occurred and give a brief description of the property (e.g. make, model, S/N):

(Attach Word document if more space is needed)

CYBER/DATA SECURITY/OTHER

Describe the incident clearly:

(Attach Word document if more space is needed)

I, _____, affirm that the facts described herein are true and accurate to the best of my knowledge.

Date: _____

**Please submit this form immediately after the incident to
insurance@montana.edu**

Phone: (406) 994-6888
Email: insurance@montana.edu

If mail or fax is necessary:

Safety & Risk Management
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(Campus Mail OK)
Fax: (406) 994-7040