

**YOU MUST COMPLETE ALL REQUIRED AREAS FOR THE FORM TO BE SUCCESSFULLY SUBMITTED BY EMAIL. SUBMITTING BY EMAIL IS PREFERRED.**



**SAFETY & RISK MANAGEMENT**  
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 (406) 994-6888 • Fax (406) 994-7040  
 insurance@montana.edu



## REPORT OF INCIDENT

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

### COMPLETE ONLY THE SECTION THAT APPLIES TO YOUR SITUATION

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

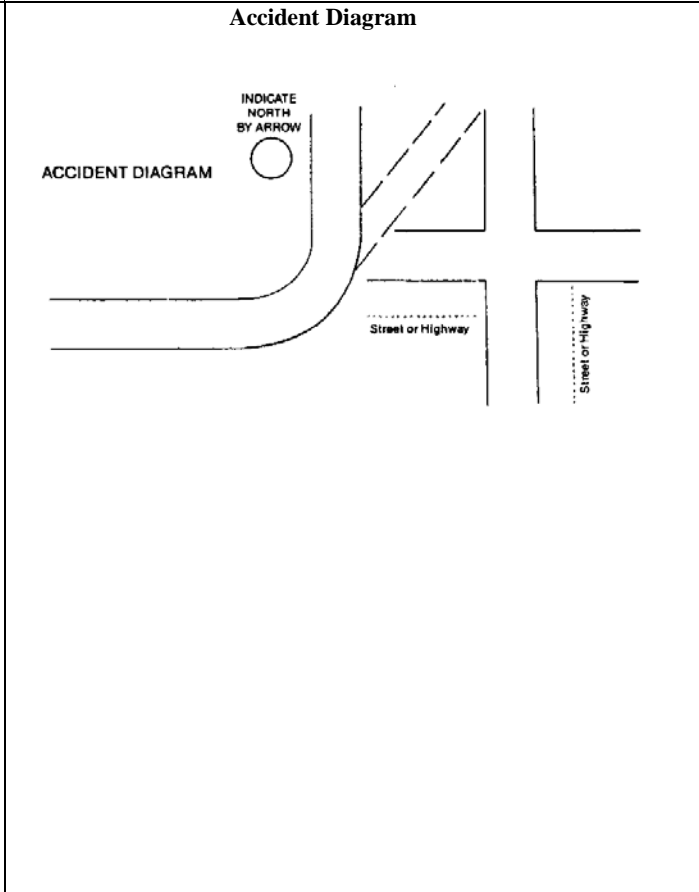
#### ACCIDENT INFORMATION

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

<b>Speed of State Vehicle:</b>	<b>Speed of Other Vehicle:</b>
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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 License #:	Driver's Phone #:
For What Purpose was the Vehicle Being Used:		
Plate #:	VIN #:	Make/Model/Year:
Location Where Vehicle May Be Seen (Address):		

**OTHER VEHICLE INFORMATION**

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

**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 via the Email link below.**

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

**If mail or fax is necessary:**

Safety & Risk Management  
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