DESCRIPTION OF ACCIDENT


MSU DRIVERS SIGNATURE

X
Signature

CERTIFICATE OF INSURANCE

2-9-108, MCA (Statutory Coverage, in lieu of Commercial Policy Number)
Motor vehicles that are owned, rented, leased, or loaned to Montana State University, the Agricultural Experiment Stations, Extension Service, or the Fire Service Training School and operated for business purposes are covered by auto liability insurance limits of $750,000/claim, $1,500,000/occurrence as per State of Montana Statute 2-9-108, MCA and authorized by the RMTDD per Management Memo 1-90-(4-20).

ACCIDENT INFORMATION
Date: _____ - _____ - 20 ____ Time: ______:______ ___.M.
Location: __________________________________________
Weather Conditions: __________________________________

MSU VEHICLE (VEHICLE #1)
Driver’s Name: ______________________________________
Issued Citation: YES NO Explain: _______________________
Department: _________________________________________ Phone: 994 - __________
Vehicle Owner: ______________________________________
Use of Vehicle: ______________________________________
Vehicle: ____________________________________________
VIN: _______________________________________________
Plate Number: __________________________ State: ________
Description of Damage: __________________________________

Safety and Risk Management ~ 1160 Research Drive
Bozeman, MT  59718 ~ (406) 994-2711

Accident Form
OTHER VEHICLE (VEHICLE #2)
Driver’s Name:  
Phone Number:  ( ) - 
Issued Citation: YES NO Explain: 
Vehicle: 
Vehicle Owner: 
Plate Number: State: 
Description of Damage:

OTHER PROPERTY DAMAGE INFO
Owner:  
Phone:  ( ) - 
Address: 
City State Zip 
Object Damaged: 
Nature of Damage:

WITNESS INFORMATION
Name:  
Address: 
City State Zip 

Please use additional cards/paper for additional witnesses.

OTHER VEHICLE (VEHICLE #2)
Driver’s Name:  
Phone Number:  ( ) - 
Issued Citation: YES NO Explain: 
Vehicle: 
Vehicle Owner: 
Plate Number: State: 
Description of Damage:

OTHER PROPERTY DAMAGE INFO
Owner:  
Phone:  ( ) - 
Address: 
City State Zip 
Object Damaged: 
Nature of Damage:

WITNESS INFORMATION
Name:  
Address: 
City State Zip 

Please use additional cards/paper for additional witnesses.

INJURED PERSON(S) INFORMATION
Name:  
Phone: Age: 
Address: 
City State Zip 
The injured person was:
In my car In other car A pedestrian
Nature of Injury:

Please use additional cards/paper for additional injuries.

OTHER VEHICLE (VEHICLE #2)
Driver’s Name:  
Phone Number:  ( ) - 
Issued Citation: YES NO Explain: 
Vehicle: 
Vehicle Owner: 
Plate Number: State: 
Description of Damage:

OTHER PROPERTY DAMAGE INFO
Owner:  
Phone:  ( ) - 
Address: 
City State Zip 
Object Damaged: 
Nature of Damage:

WITNESS INFORMATION
Name:  
Address: 
City State Zip 

Please use additional cards/paper for additional witnesses.

INJURED PERSON(S) INFORMATION
Name:  
Phone: Age: 
Address: 
City State Zip 
The injured person was:
In my car In other car A pedestrian
Nature of Injury:

Please use additional cards/paper for additional injuries.

DIAGRAM ACCIDENT
Please draw the accident to the best of your ability.

Circle which applies