
DESCRIPTION OF ACCIDENT



Accident Form



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

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: _____
Make Model Year

VIN: _____

Plate Number: _____ State: _____

Description of Damage: _____

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).

OTHER VEHICLE (VEHICLE #2)

Driver's Name: _____

Phone Number: () - _____

Issued Citation: YES NO Explain: _____

Vehicle: _____
Make Model Year

Vehicle Owner: _____

Plate Number: _____ State: _____

Description of Damage: _____

Please use additional cards/paper for additional vehicles.

POLICE INFORMATION

Were the POLICE notified? YES NO

Officer's Name: _____

Badge Number: _____ Written Report: YES NO

Department: _____

INJURED PERSON(S) INFORMATION

Name: _____

Phone: _____ Age: _____

Address: _____
Street

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 PROPERTY DAMAGE INFO

Owner: _____

Phone: () - _____

Address: _____
Street

City State Zip

Object Damaged: _____

Nature of Damage: _____

WITNESS INFORMATION

Name: _____

Address: _____
Street

City State Zip

Name: _____

Address: _____
Street

City State Zip

Please use additional cards/paper for additional witnesses.

DIAGRAM ACCIDENT

