

VEHICLE DAMAGE REPORT



SAFETY & RISK MANAGEMENT

PO Box 170510-MSU BOZEMAN, MT 59717
(406) 994-2711 FAX (406) 994-7040

Reporting Person		Job Title	
Department		Phone	

ACCIDENT INFORMATION

Date/Time	Location		
Were Police Notified Yes () No ()		Police Department Name	
Investigating Officer name		Were Citations Issued: To MSU Vehicle Driver () Other Vehicle Driver ()	

MSU VEHICLE INFORMATION

Plate No./State	VIN	Make	Model/Year
Owner	Address		
Driver	Address & Phone No.		
Operator's License No.	State		
For What Purpose was the Vehicle Being Used?			
At Time Of Incident, MSU Vehicle Was:		Parked () Moving Forward ()	Standing Still () Backing Up ()
			Direction of Travel?

OTHER VEHICLE INFORMATION

Plate No./State	VIN	Make	Model/Year
Owner	Address		
Driver	Address & Phone No.		
Operator's License No.	State:		
At Time Of Incident, Other Vehicle Was:		Parked () Moving Forward ()	Standing Still () Backing Up ()
			Direction of Travel?
Insurance Co.		Policy No.	

OCCUPANTS

Name	Address	Age	MSU Veh	Other Veh	Injured Yes-No	Describe Injury

INCIDENT DESCRIPTION

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: MSU Vehicle?

Other Vehicle?

Did Accident/Incident Involve Pedestrian? Yes ()

No ()

Was Pedestrian Struck by: MSU Vehicle? ()

Other Vehicle? ()

Pedestrian Name

Address

Age

Injured?

Describe Injury:

Describe Accident/Incident in Detail

Date:

Signature of MSU Driver:

Date:

Supervisor Signature:

Date:

Dean/Department Head Signature: