



RISK MANAGEMENT FUND
MOTOR VEHICLE ACCIDENT REPORT
 STATE OF NORTH DAKOTA
 SFN 51301 (8-2007)

DEPARTMENT LOCATION CODE

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DRIVER RESPONSIBILITY: Submit online or complete this form immediately after the accident and fax a copy to State Fleet Services at 701-328-2514 and Risk Management at 701-328-7585. If you have any questions, please call State Fleet Services at 701-328-1472 or 701-328-1434.

AGENCY	Agency Name		District/Division	
	Address		Telephone Number	
TIME	Date of Accident	Day of Week	Hour	A.M. P.M.
LOCATION	Highway Number	Posted Speed Limit	Location From Nearest City	
	City	Street	At Intersection With	
TYPE	Backing Turned Over Fixed Object	Snowplowing/Sanding Animal Sideswipe	Right Angle Head On Other(Describe) _____	Rear End You Hit You Were Hit

STATE VEHICLE No. 1	VEHICLE	Year	Make	Model	Unit Number		
	Driver's Name			Driver's License Number		Citation Issued Yes No	
	Work Telephone Number			Home Telephone Number			
	Home Address			City	State	Zip Code	
	Driver Injured No Yes - Describe Injury						
	Estimated Speed		Direction Traveling		Worker's Compensation Claim Filed Yes No		
	Damage (List Parts)				Estimate \$		
	Passengers		None Injured/Killed Injured/Killed	Telephone Numbers Work Work		Telephone Numbers Home Home	

OTHER VEHICLE No. 2	VEHICLE	Year	Make	Model	License Plate	State	
	Driver's Name			Driver's License Number		Citation Issued Yes No	
	Work Telephone Number			Home Telephone Number			
	Home Address			City	State	Zip Code	
	Direction Traveling		Driver Injured No Yes - Describe Injury				
	Damage (List Parts)				Estimate \$		
	Passengers		None Injured/Killed Injured/Killed	Telephone Numbers Work Work		Telephone Numbers Home Home	

OWNER'S	Insurance Company		Policy Number				
	Address		Telephone Number				
DRIVER'S	Insurance Company		Policy Number				
	Address		Telephone Number				
WITNESS	Name		Address		City	State	Zip Code
	Location To Accident		Telephone Number Work		Telephone Number Home		
DAMAGE TO OTHER PROPERTY	What		Estimate \$	Telephone Number Work		Telephone Number Home	
	Owner/Name		Address				
OTHERS INJURED/ KILLED	Name						
	Address		City	State	Zip Code	Telephone Number Work	Telephone Number Home
	Nature and Extent of Injury						

CONDITIONS	WEATHER	Clear	Raining	Snowing	Sleeting	Fog	Other _____	
	ROADWAY	Dry	Icy	Slippery	Under Repair		Other _____	
	Did Vehicle Have Any Defects? _____							
	Were Seat Belts in Use?		Yes	No				
	What Lights Were On? _____							

REPORT	Accident Reported to Law Enforcement Yes No		Vehicle Dispatch Office or DOT Repair Location				
	Law Enforcement Agency Name		Law Enforcement Telephone Number				

Explain How Accident Occurred

Diagram: Mark State Vehicle 1 And Other Vehicle 2

State Employee		Department	Telephone Number
State Employee Completing Report		Telephone Number	Date