RISK MANAGEMENT FUND
MOTOR VEHICLE REPORT

STATE OF NORTH DAKOTA
SFN 51301 (08-2014)

May be EXEMPT RECORD
(Contact Risk Management Division)

DEPARTMENT LOCATION CODE

☐ Claim Form Requested
☐ Destruction Hold Notice

DRIVER RESPONSIBILITY: Complete this form immediately after an accident and/or damage has occurred and submit online at www.nd.gov/risk. If you have any questions, please contact Risk Management at 701-328-7584 or State Fleet at 701-328-1472.

AGENCY	Agency Name		District/Division		
	Address	City	State	ZIP Code	Telephone Number
SPECIFICS	Date of Accident	Day of Week	Time ☐ AM ☐ PM		Type
LOCATION	Location Description (i.e. Highway Number, Posted Speed Limit, Location from Nearest City, City, Street, and Intersection)				

STATE VEHICLE No. 1	**VEHICLE**	Year	Make	Model	Unit Number	Odometer Reading
	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				Worker's Compensation Claim Filed ☐ Yes ☐ No	
	Estimated Speed	Direction Traveling			Vehicle Owner	
	Damage (List Parts)					
	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)					
	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	Work Telephone Number	Home Telephone Number		
DAMAGE TO OTHER PROPERTY	What	Owner/Name			
	Work Telephone Number / Home Telephone Number	Address	City	State	ZIP Code
OTHERS INJURED/ KILLED	Name	Work Telephone Number	Home Telephone Number		
	Address	City	State	ZIP Code	
	Nature and Extent of Injury				

CONDITIONS

WEATHER ☐ Clear ☐ Raining ☐ Snowing ☐ Sleeting ☐ Foggy ☐ 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 and Purpose of Trip

Diagram: Please clearly mark the state vehicle as 1 and the other vehicle as 2. Please attach or submit to Risk Management.

Individual Preparing Report (Name of State Employee)	Department	Telephone Number	Date