RISK MANAGEMENT FUND
MOTOR VEHICLE REPORT

STATE OF NORTH DAKOTA
SFN 51301 (10-2011)

DEPARTMENT LOCATION CODE

☐ Claim Form Requested
☐ Destruction Hold Notice

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	Location Description (i.e. Highway Number, Posted Speed Limit, Location from Nearest City, City, Street, and Intersection)			
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	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					
	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	Work Telephone Number	Home Telephone Number		
DAMAGE TO OTHER PROPERTY	What	Estimate $	Work Telephone Number	Home Telephone Number	
	Owner/Name	Address			
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 ☐ 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 and Purpose of Trip

Diagram: Mark State Vehicle 1 And Other Vehicle 2

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