

Vehicle Liability Identification Cards

These Cards can be printed and used as a reference for State employees operating a vehicle within the scope of their employment and on official state business. This card provides information regarding liability coverage that may need to be given to law enforcement and/or another driver. Specifically, it explains that the liability coverage is pursuant to statute, N.D.C.C. ch. 32-12.2, and there is no policy number.

To keep the cards consistent, please print on **COVER STOCK 65# SOLAR YELLOW**.

**North Dakota State Fleet Vehicle
Liability Identification Card**

ND Risk Management (State Owned Vehicles) Self-Retention Fund
No Policy Number - Coverage is Pursuant to N.D.C.C. ch 32-12.2
Effective 07/01/97; No Expiration
Risk Management Division: 1-866-534-2834; 701-328-7584

Report all serious accidents immediately to:
911 and State Radio 1-800-472-2121

State Employee Accident Reporting Instructions on Reverse Side

**North Dakota State Fleet Vehicle
Liability Identification Card**

ND Risk Management (State Owned Vehicles) Self-Retention Fund
No Policy Number - Coverage is Pursuant to N.D.C.C. ch 32-12.2
Effective 07/01/97; No Expiration
Risk Management Division: 1-866-534-2834; 701-328-7584

Report all serious accidents immediately to:
911 and State Radio 1-800-472-2121

State Employee Accident Reporting Instructions on Reverse Side

**North Dakota State Fleet Vehicle
Liability Identification Card**

ND Risk Management (State Owned Vehicles) Self-Retention Fund
No Policy Number - Coverage is Pursuant to N.D.C.C. ch 32-12.2
Effective 07/01/97; No Expiration
Risk Management Division: 1-866-534-2834; 701-328-7584

Report all serious accidents immediately to:
911 and State Radio 1-800-472-2121

State Employee Accident Reporting Instructions on Reverse Side

**North Dakota State Fleet Vehicle
Liability Identification Card**

ND Risk Management (State Owned Vehicles) Self-Retention Fund
No Policy Number - Coverage is Pursuant to N.D.C.C. ch 32-12.2
Effective 07/01/97; No Expiration
Risk Management Division: 1-866-534-2834; 701-328-7584

Report all serious accidents immediately to:
911 and State Radio 1-800-472-2121

State Employee Accident Reporting Instructions on Reverse Side

**North Dakota State Fleet Vehicle
Liability Identification Card**

ND Risk Management (State Owned Vehicles) Self-Retention Fund
No Policy Number - Coverage is Pursuant to N.D.C.C. ch 32-12.2
Effective 07/01/97; No Expiration
Risk Management Division: 1-866-534-2834; 701-328-7584

Report all serious accidents immediately to:
911 and State Radio 1-800-472-2121

State Employee Accident Reporting Instructions on Reverse Side

**North Dakota State Fleet Vehicle
Liability Identification Card**

ND Risk Management (State Owned Vehicles) Self-Retention Fund
No Policy Number - Coverage is Pursuant to N.D.C.C. ch 32-12.2
Effective 07/01/97; No Expiration
Risk Management Division: 1-866-534-2834; 701-328-7584

Report all serious accidents immediately to:
911 and State Radio 1-800-472-2121

State Employee Accident Reporting Instructions on Reverse Side

**North Dakota State Fleet Vehicle
Liability Identification Card**

ND Risk Management (State Owned Vehicles) Self-Retention Fund
No Policy Number - Coverage is Pursuant to N.D.C.C. ch 32-12.2
Effective 07/01/97; No Expiration
Risk Management Division: 1-866-534-2834; 701-328-7584

Report all serious accidents immediately to:
911 and State Radio 1-800-472-2121

State Employee Accident Reporting Instructions on Reverse Side

**North Dakota State Fleet Vehicle
Liability Identification Card**

ND Risk Management (State Owned Vehicles) Self-Retention Fund
No Policy Number - Coverage is Pursuant to N.D.C.C. ch 32-12.2
Effective 07/01/97; No Expiration
Risk Management Division: 1-866-534-2834; 701-328-7584

Report all serious accidents immediately to:
911 and State Radio 1-800-472-2121

State Employee Accident Reporting Instructions on Reverse Side

State Employee Accident Reporting Instructions

1. Obtain name(s) and address(es) of:
 - a. driver(s) and occupant(s) of other car(s), and
 - b. injured.
2. Obtain insurance information of other driver(s) involved.
3. Obtain name(s) and address(es) of all witnesses.
4. Make no comment or statement regarding the accident except to police or a representative of the State.
5. Within 24 hours, report the accident on-line to Risk Management and State Fleet at www.nd.gov/risk.
6. Contact for Questions: Risk Management 701-328-7584, 1-866-534-2834 and State Fleet 701-328-1472.

Revised 08/13

State Employee Accident Reporting Instructions

7. Obtain name(s) and address(es) of:
 - a. driver(s) and occupant(s) of other car(s), and
 - b. injured.
8. Obtain insurance information of other driver(s) involved.
9. Obtain name(s) and address(es) of all witnesses.
10. Make no comment or statement regarding the accident except to police or a representative of the State.
11. Within 24 hours, report the accident on-line to Risk Management and State Fleet at www.nd.gov/risk.
12. Contact for Questions: Risk Management 701-328-7584, 1-866-534-2834 and State Fleet 701-328-1472.

Revised 08/13

State Employee Accident Reporting Instructions

13. Obtain name(s) and address(es) of:
 - a. driver(s) and occupant(s) of other car(s), and
 - b. injured.
14. Obtain insurance information of other driver(s) involved.
15. Obtain name(s) and address(es) of all witnesses.
16. Make no comment or statement regarding the accident except to police or a representative of the State.
17. Within 24 hours, report the accident on-line to Risk Management and State Fleet at www.nd.gov/risk.
18. Contact for Questions: Risk Management 701-328-7584, 1-866-534-2834 and State Fleet 701-328-1472.

Revised 08/13

State Employee Accident Reporting Instructions

19. Obtain name(s) and address(es) of:
 - a. driver(s) and occupant(s) of other car(s), and
 - b. injured.
20. Obtain insurance information of other driver(s) involved.
21. Obtain name(s) and address(es) of all witnesses.
22. Make no comment or statement regarding the accident except to police or a representative of the State.
23. Within 24 hours, report the accident on-line to Risk Management and State Fleet at www.nd.gov/risk.
24. Contact for Questions: Risk Management 701-328-7584, 1-866-534-2834 and State Fleet 701-328-1472.

Revised 08/13

State Employee Accident Reporting Instructions

25. Obtain name(s) and address(es) of:
 - a. driver(s) and occupant(s) of other car(s), and
 - b. injured.
26. Obtain insurance information of other driver(s) involved.
27. Obtain name(s) and address(es) of all witnesses.
28. Make no comment or statement regarding the accident except to police or a representative of the State.
29. Within 24 hours, report the accident on-line to Risk Management and State Fleet at www.nd.gov/risk.
30. Contact for Questions: Risk Management 701-328-7584, 1-866-534-2834 and State Fleet 701-328-1472.

Revised 08/13

State Employee Accident Reporting Instructions

31. Obtain name(s) and address(es) of:
 - a. driver(s) and occupant(s) of other car(s), and
 - b. injured.
32. Obtain insurance information of other driver(s) involved.
33. Obtain name(s) and address(es) of all witnesses.
34. Make no comment or statement regarding the accident except to police or a representative of the State.
35. Within 24 hours, report the accident on-line to Risk Management and State Fleet at www.nd.gov/risk.
36. Contact for Questions: Risk Management 701-328-7584, 1-866-534-2834 and State Fleet 701-328-1472.

Revised 08/13

State Employee Accident Reporting Instructions

37. Obtain name(s) and address(es) of:
 - a. driver(s) and occupant(s) of other car(s), and
 - b. injured.
38. Obtain insurance information of other driver(s) involved.
39. Obtain name(s) and address(es) of all witnesses.
40. Make no comment or statement regarding the accident except to police or a representative of the State.
41. Within 24 hours, report the accident on-line to Risk Management and State Fleet at www.nd.gov/risk.
42. Contact for Questions: Risk Management 701-328-7584, 1-866-534-2834 and State Fleet 701-328-1472.

Revised 08/13

State Employee Accident Reporting Instructions

43. Obtain name(s) and address(es) of:
 - a. driver(s) and occupant(s) of other car(s), and
 - b. injured.
44. Obtain insurance information of other driver(s) involved.
45. Obtain name(s) and address(es) of all witnesses.
46. Make no comment or statement regarding the accident except to police or a representative of the State.
47. Within 24 hours, report the accident on-line to Risk Management and State Fleet at www.nd.gov/risk.
48. Contact for Questions: Risk Management 701-328-7584, 1-866-534-2834 and State Fleet 701-328-1472.

Revised 08/13