

## STATE OF NORTH DAKOTA MOTOR VEHICLE INCIDENT REPORT

Within 24 hours of incident submit to NDSU Motor Pool office:  
 Thorson Maintenance 1310 Bolley Drive Fargo, ND EMAIL: ndsu.motorpool@ndsu.edu FAX: 701-231-8008

	Name:		Department:	
	Address:			
	City:		State:	Zip:
	Phone:		Email:	
Incident Description	Date of incident:		Time of incident:	
	Description of incident:			
	Purpose of the trip: How does this trip relate to your job?			
	Where did the incident occur: Please include town, street, other identifying features of the area.			
	Claim for reimbursement: YES NO		Type of accident: Such as: fixed object, side swipe, head on, hit/run	
State Fleet Vehicle	Vehicle owner:		License plate number:	
	Dispatch office or repair location:		Estimated speed:	
	Make:		Direction traveling:	
	Model:		Damage to vehicle:	
	Incident reported to law enforcement: YES NO		Citation issued: YES NO	
Law enforcement agency name:				
People	First name:	Last name:	Injured: YES NO	Participant type:
	First name:	Last name:	Injured: YES NO	Participant type:
Property Damage	Describe damaged property:			
	Owner's name:			
	Address:			
	City:		State:	Zip:
	Phone:		Email:	
	Owner's insurance company:			
Other Vehicle Damage	Describe vehicle damage:			
	Does the driver own the vehicle: YES NO		Owner's name:	
	Address:			
	City:		State:	Zip:
	Phone:		Email:	
	Year:	Make:	Model:	
	Insurance policy number:			
	License plate number:		Direction traveling:	

ATTACH PHOTOS/ DRAWINGS OF INCIDENT