

# STATE VEHICLE ACCIDENT REPORT

**BUREAU OF ADMINISTRATION      OFFICE OF RISK MANAGEMENT**  
**Phone (605) 773-5879      Fax (605)773-5880**

Type of Accident (check all that apply) <input type="checkbox"/> Fatality <input type="checkbox"/> Employee Injury <input type="checkbox"/> Private Citizen Injury <input type="checkbox"/> Damaged Private Property <input type="checkbox"/> Damaged State Property <input type="checkbox"/> Other	Date of Accident	Time of Accident	<input type="checkbox"/> AM <input type="checkbox"/> PM
Location of Accident (include mile marker # and closest town if applicable)			

**State Employee/Vehicle**

Employee Name	DOB	Title	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
Department	Agency/Division	Work Phone	Home Phone
Where Can Vehicle Be Seen	Drivers License #	Date Reported to Supervisor	
Vehicle Serial #	Vehicle Make and Year	Vehicle License Plate #	
Describe Damages/Injuries – Repair Estimate			

**Other Parties Vehicle/Property**

Name	DOB	Employer	<input type="checkbox"/> Witness <input type="checkbox"/> Driver <input type="checkbox"/> Private Citizen
Address	Home Phone	Work Phone	Driver License #
Owner of Vehicle/Property (include address and phone)		Company Insuring Vehicle (include address and phone)	
License plate #/State	Vehicle make/year	Where Can Vehicle Be Seen	Witness
Describe Damage/Injury – Repair Estimate			
List Injured Parties			

**Accident Description**

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**Legal**

Law Enforcement Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Law Enforcement Agency
Citation Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Citation
Citation Issued to: <input type="checkbox"/> State Employee <input type="checkbox"/> Private Citizen	Citation Issued By:

**Signature** (type name in signature box if submitting electronically)

Employee Signature:	Date:
Authorized Agency Signature:	Date:

**Make copy for your records and send original to: Office of Risk Management 1429 East Sioux Pierre, SD 57501**  
**NOTE: THIS REPORT DOES NOT CONSTITUTE A CLAIM AGAINST THE STATE OF SOUTH DAKOTA, NOR DOES IT CONSTITUTE A NOTICE OF INJURY PURSUANT TO SDCL ch. 3-21.**

**ATTACH ADDITIONAL SHEETS FOR MORE INFORMATION**

ORM Use Only

Submitted to Claims Assoc  Yes     No  
 Date Submitted:

EXHIBIT C  
9-3

Revised 12/06