



Office of Risk Management & Insurance
MOTOR VEHICLE REPORT
 Formerly NDRM SFN 51301 (08-2014)

DRIVER RESPONSIBILITY: Complete this form immediately after an accident and/or damage has occurred and submit online to UND.transportation@UND.edu. If you have any questions, please contact UND Transportation 701-777-4122.

AGENCY	Agency Name			Department	
	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 No Yes
	Work Telephone Number			Home Telephone Number		
	Home Address		City	State	ZIP Code	
	Driver Injured	No	Yes	Worker's Compensation Claim Filed No Yes		
	Describe Injury		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 No Yes	
	Work Telephone Number			Home Telephone Number			
	Home Address		City	State	ZIP Code		
	Driver Injured	No	Yes	Direction Traveling			
	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?	No	Yes	List: _____			
	Were Seat Belts in Use?	No	Yes				
	What Lights Were On?	_____					

REPORT	Accident Reported to Law Enforcement No Yes	Vehicle Dispatch Office or DOT Repair Location
	Law Enforcement Agency Name	Law Enforcement Telephone Number

Purpose of Trip _____

Explain How Accident Occurred _____

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

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