



AUTO ACCIDENT REPORT

When there is an accident Risk and Benefits will need the following:

1. Accident notice
2. Accident report
3. Three vehicle repair estimates

Accident Notice

As soon as you are aware an accident has occurred, please email claims@missoulacounty.us, with all accident details that are available. You can also contact or email Erica Grinde or Savannah Cathey.

Accident Report

Please fill out and send us the below Auto Accident Report form. You can also use your own reporting system (Sheriff and Public Works). If using your own reporting system, all the information on our form must be included. If all information is not received, we cannot move forward with allowing repairs. **No repairs will be paid or approved prior to receiving the accident report.**

Repair Estimates

Your department is responsible for obtaining and providing us three estimates from your preferred body shops. We will let you know what estimate is approved. There must be an **approval before any repair can be made**. If the body shop from the first estimate states the vehicle is totaled, contact us to determine if you need to continue to get other estimates.

Contact Information

Erica - egrinde@missoulacounty.us 406-258-4873

Savannah- scathey@missoulacounty.us 406-258-36415



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WHEN AN ACCIDENT OCCURS:

First Steps	Do NOT say	While Still At the Scene
<ul style="list-style-type: none">• Get to a safe place• Check for injuries and call 911 for medical and/or police assistance• Give the other driver your name and the insurance included on the insurance card kept in the vehicle• Contact your supervisor or Missoula County Risk Management (406-258-4873)	<ul style="list-style-type: none">• Do not give opinions about who was at fault• Do not make statements about details of the County's insurance• Do not make statements about who will pay for damages	<ul style="list-style-type: none">• Get as much information as possible on this report• Take pictures if possible• When the police come, cooperate and tell them what you know

YOUR INFORMATION:

Name:		Phone Number:	
Department:		Position:	

ACCIDENT DETAIL:

Day/Date/Time:	
Weather/Road Conditions:	
Location of Accident:	
Accident Details:	



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VEHICLE DESCRIPTION:

County Vehicle Make/Model:		License Plate Number:	
Was Vehicle Towed:		Tow Company:	

ORTHER DRIVE/VECHILE INFOMRAITON

Owner's Name:		Phone:	
Owner's Address:			
Vehicle Make:		Vehicle Model & Year:	
Vehicle Color:		License Plate Number:	
Insurance Company:		Policy No.:	
Agent Name & Phone:			
Driver's Name:		Phone:	
Driver's Address:			

PASSENGERS/INJURIES

Your Vehicle	Other Vehicle
# Passengers:	# Passengers:
Injuries?	Injuries?



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POLICE INFORMATION

Officer Name:		Badge Number:	
Phone:		Other info:	

WITNESS INFORMATION

Name:		Name:	
Address:		Address:	
Phone:		Phone:	

Employee Signature:	Date:
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Supervisor Signature:	Date:
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WITHIN 48 HOURS OF THE ACCIDENT, PLEASE SUBMIT A COPY OF THIS REPORT TO YOUR SUPERVISOR. YOUR SUPERVISOR WILL SEND THIS REPORT TO THE MISSOULA COUNTY OFFICE OF RISK & BENEFITS FOR REVIEW.