

REPORT OF ACCIDENT, INCIDENT, OR UNSAFE CONDITION

(NON-STATE AUTOMOBILE)

BUREAU OF ADMINISTRATION

OFFICE OF RISK MANAGEMENT

Phone (605)773-5879 Fax (605)773-5880

Department/Bureau	Agency/Division	Date of Accident	Time of Accident	☐ AM ☐ PM
Type ☐ Accident ☐ Incident ☐ Unsafe Condition		Location of Accident, Incident, or Unsafe Condition		

Employee Completing Report

Name		DOB	
Title	☐ Temporary ☐ Permanent	Work Phone	Home Phone

Person Involved in the Accident or Incident

Name		DOB	
Address	Home Phone	Occupation	
Business Address		Business Phone	
What was the person involved doing at the time of the accident or incident?			

Injury

What was the nature and extent of the injury?			
Was first-aid administered? ☐ Yes ☐ No		If yes, by whom?	
Describe the type of first-aid treatment given.			
Was medical treatment administered? ☐ Yes ☐ No		If yes, by whom?	
Name and address of medical facility		Did accident result in fatality? ☐ Yes ☐ No	

Property Damage

Owner (include address and phone)	Damage description (include estimated repair costs)
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Witnesses

Name (include address and phone #)	Name (include address and phone #)
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Accident Description

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Legal

Law Enforcement Contacted ☐ Yes ☐ No	Name of Law Enforcement Agency
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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 D

9-4

Revised 12/06