



BUS/VEHICLE ACCIDENT REPORT TO SISC II "CONFIDENTIAL"

| | | | |
|--|-------------------|--|----------------------------|
| DISTRICT (INCLUDE POINT OF CONTACT, ADDRESS, TEL#) | | ACCIDENT DATE & TIME | |
| | | ACCIDENT LOCATION /Address | |
| | | | |
| Email: | | | |
| | VEHICLE LICENSE # | VIN # | |
| District's DRIVER NAME | | | |
| | MAKE/MODEL/YEAR | | |
| Driver's School Site & Extension | | DISTRICT VEHICLE # | |
| | | | |
| DESCRIPTION OF ACCIDENT (What happened?) | | | |
| | | | |
| DESCRIBE DAMAGE TO DISTRICT BUS/VEHICLE | | | |
| | | | |
| POLICE REPORT COMPLETED | | CASE # | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| OTHER VEHICLE | | | |
| DRIVER'S NAME | DOB/AGE | VEHICLE LICENSE # | VEHICLE: YEAR, MAKE, MODEL |
| | | | |
| DRIVER'S ADDRESS, CITY, ST, ZIP | HOME PHONE | WORK PHONE | EMAIL |
| | | | |
| BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY | | NAME & ADDRESS OF OTHER PARTY'S INSURANCE & POLICY # | |
| | | | |
| INJURED PARTIES | | PHONE | ADDRESS, CITY, ST, ZIP |
| | | | |
| | | | |
| | | | |
| ADDITIONAL WITNESSES OR INVOLVED PARTIES (USE ADDITIONAL SHEETS AS NEEDED) | | | |
| | | | |

 Employee Signature Date Reviewing Supervisor Signature Date

PLEASE TURN IN TO DISTRICT SUPPORT SERVICES - BUSINESS SERVICES - WITHIN 48 HOURS