

## DETAILS OF THE ACCIDENT

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm State fully all details of how accident occurred, speed of cars involved, drivers' remarks, weather, road, and traffic conditions, etc: \_\_\_\_\_

Street Location: \_\_\_\_\_

City: \_\_\_\_\_

Who in your opinion was at fault? Why?: \_\_\_\_\_

Investigating law enforcement agency: \_\_\_\_\_

Report #: \_\_\_\_\_

## DIAGRAM OF ACCIDENT

## AFTER AN ACCIDENT



*Schools Insurance  
Authority*



## WHAT TO DO

1. Injuries? – Call 911 for help.
2. Call you supervisor and law enforcement immediately, even if there are no injuries.
3. Warn other drivers of your accident by setting out cones, flares or warning triangles. Turn on your vehicle flashers.
4. Stay safe and out of traffic.
5. Exchange personal and insurance information of those involved and record an account of the accident on the back of this brochure.
6. Take scene photos including the damage to all vehicles. If the district vehicle has a camera please have your supervisor preserve the recording of the accident.
7. Obtain contact information from any witness who saw the accident happen.
8. Stay calm. Avoid arguing with others involved.

## YOUR VEHICLE

Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # - Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Vehicle License #: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_

Registered Owner: \_\_\_\_\_

Damaged area on vehicle: \_\_\_\_\_

\_\_\_\_\_

District Vehicle #: \_\_\_\_\_

School District: \_\_\_\_\_

Department: \_\_\_\_\_

## OTHER VEHICLE

Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone # - Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Vehicle License #: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_

Registered Owner: \_\_\_\_\_

Damaged area on vehicle: \_\_\_\_\_

\_\_\_\_\_

## PASSENGERS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# Home: \_\_\_\_\_ Work: \_\_\_\_\_

Whose vehicle?: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# Home: \_\_\_\_\_ Work: \_\_\_\_\_

Whose vehicle?: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# Home: \_\_\_\_\_ Work: \_\_\_\_\_

Whose vehicle?: \_\_\_\_\_

## WITNESSES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# Home: \_\_\_\_\_ Work: \_\_\_\_\_

## INJURED PERSONS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# Home: \_\_\_\_\_ Work: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

\_\_\_\_\_

Did Injury Occur in District Vehicle?: \_\_\_\_\_

Or Other?: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# Home: \_\_\_\_\_ Work: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

\_\_\_\_\_

Did Injury Occur in District Vehicle?: \_\_\_\_\_

Or Other?: \_\_\_\_\_