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Vehicle Accident Report

(Other than buses)

CONFIDENTIAL DOCUMENT
For use by School District and CRMA only.

Kings Canyon Unified School District		School Site – Name and Address					
Time & Place	Date & Time of Loss:	Location of Accident:					
District Vehicle	Year	Make	Model	Vehicle No.	Vehicle ID No.		
	Name of District Driver:			Operator's License No.	Telephone:		
	Position:		Dept:	Home Address:			
	Purpose for which vehicle was in use at the time of the accident:						
	Police Notified?	Describe how accident occurred:					
	Other Information:						
	Estimated cost of repair:		Description of damages:				
Other Vehicle	Year	Make	Model	Vehicle License No.	Operator's License No.		
	Owner:			Address:	Telephone Number:		
	Driver:			Address:	Telephone Number:		
	Insurance Company:			Policy No.	Telephone Number:		
Passengers in Vehicle	Other Information:						
	Name & Address:			Telephone No.	Vehicle:		
	Name & Address:			Telephone No.	Vehicle:		
	Name & Address:			Telephone No.	Vehicle:		
Were any drivers or passengers injured?		Yes	No	Indicate injured parties below:			
Name		Address		Vehicle 1		Vehicle 2	
				Driver	Pass.	Driver	Pass.
Prepared by:		Date & Time:		Signature:			