VEHICLE ACCIDENT REPORT

CADDO PARISH SCHOOL BOARD

Risk Management

GENERAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| DATE OF ACCIDENT: | TIME OF ACCIDENT: |  | AM |
|  | PM |
| LOCATION OF ACCIDENT (*Street, City, State, Zip)* | | | |

RESPONDING AGENCY INFORMATION

|  |  |
| --- | --- |
| AGENCY REPORTED TO: | REPORT NUMBER: |
| CITATION ISSUED: | TO WHOM: |

CADDO PARISH SCHOOL BOARD VEHICLE INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CPSB VEHICLE NUMBER: | YEAR | MAKE | MODEL | | LICENSE PLATE NUMBER: |
|  |  |  | |  |
| DRIVER’S NAME: | | | | TELEPHONE NUMBER: | |
| DRIVER’S DEPARTMENT: | | | | DRIVERS LICENSE NUMBER: | |
| LIST PASSENGERS (IF APPLICABLE): | | | | TELEPHONE NUMBER: | |
|  | | | |  | |
| EXTENT OF VEHICLE DAMAGE/LOCATION OF VEHICLE DAMAGE: | | | | | |
| WERE ANY INJURIES REPORTED? IF SO, IDENTIFY INDIVIDUAL(S) AND TYPE OF INJURY: | | | | | |

OTHER VEHICLE INFORMATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| YEAR | MAKE | MODEL | | | LICENSE PLATE STATE & NUMBER | |
|  |  |  | | |  | |
| DRIVER’S NAME: | | | DRIVERS LICENSE NUMBER: | | | TELEPHONE NUMBER: |
| OWNER’S NAME: | | | | | | TELEPHONE NUMBER: |
| OWNER’S ADDRESS: | | | | | | |
| LIST PASSENGERS (IF APPLICABLE): | | | | | | TELEPHONE NUMBER: |
|  | | | | | |  |
| EXTENT OF VEHICLE DAMAGE/LOCATION OF VEHICLE DAMAGE: | | | | | | |
| INSURANCE COMPANY NAME: | | | | POLICY NUMBER: | | |
| WERE ANY INJURIES REPORTED? IF SO, IDENTIFY INDIVIDUAL(S) AND TYPE OF INJURY: | | | | | | |

OTHER VEHICLE INFORMATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| YEAR | MAKE | MODEL | | | LICENSE PLATE STATE & NUMBER | |
|  |  |  | | |  | |
| DRIVER’S NAME: | | | DRIVERS LICENSE NUMBER: | | | TELEPHONE NUMBER: |
| OWNER’S NAME: | | | | | | TELEPHONE NUMBER: |
| OWNER’S ADDRESS: | | | | | | |
| LIST PASSENGERS (IF APPLICABLE): | | | | | | TELEPHONE NUMBER: |
| EXTENT OF VEHICLE DAMAGE/LOCATION OF VEHICLE DAMAGE: | | | | | | |
| INSURANCE COMPANY NAME: | | | | POLICY NUMBER: | | |
| WERE ANY INJURIES REPORTED? IF SO, IDENTIFY INDIVIDUAL(S) AND TYPE OF INJURY: | | | | | | |

WITNESS INFORMATION

|  |  |
| --- | --- |
| WITNESS NAME: | TELEPHONE NUMBER: |
| WITNESS NAME: | TELEPHONE NUMBER: |

DETAILS OF ACCIDENT

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| --- |
| Provide specific details regarding the accident. Include the direction and position of each vehicle involved in the accident. |
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WEATHER CONDITIONS: 🞎 Clear 🞎 Overcast/Foggy 🞎 Light Rain 🞎 Medium Rain 🞎 Heavy Rain 🞎 Standing Water

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| --- |
| Comments: |
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Supervisor/Manager Department Date