



Mesquite Independent School District Vehicle Accident Report Form

<u>OTHER DRIVER'S CONTACT INFORMATION</u>		<u>OTHER DRIVER'S INSURANCE INFORMATION</u>	
Driver's Name: _____		Name of Insurance Company: _____	
Driver's Street Address: _____		Insurance Company Phone #: _____	
City, State & Zip Code: _____		Policy Number: _____	
Driver's Home Phone #: _____		Name of Policy Holder: _____	
Driver's Work Phone #: _____		_____	
Driver's License #: _____		_____	
Date of Accident: _____		<u>WITNESS INFORMATION</u>	
Time of Accident: _____ A.M. _____ P.M.			
Were Police Called? _____ YES _____ NO			
Time Called: _____ A.M. _____ P.M.			
Report#: _____			
Were students on board? _____ YES _____ NO		Any Witnesses? _____ YES _____ NO	
If YES, number of students on board? _____		If YES, Please List Name: _____	
Bus Monitor on Board Bus? _____ YES _____ NO		Street Address: _____	
Name of Monitor: _____		City, State, & Zip Code: _____	
Monitor's Daytime Phone#: _____		Home Phone #: _____	
ATTACH SEATING CHART IF STUDENTS WERE ON BOARD		Work Phone #: _____	
		Cell Phone #: _____	
↓ DETAILED DESCRIPTION OF ACCIDENT ↓			
<u>MISD VEHICLE INFORMATION</u>		<u>OTHER VEHICLE INFORMATION</u>	
MISD Vehicle #: _____		Other Vehicle Color: _____	
Vehicle Make: _____		Vehicle Make: _____	
Vehicle Year/Model: _____		Vehicle Year/Model: _____	
Vehicle VIN #: _____		Vehicle VIN #: _____	
Vehicle License Plate #: _____		Vehicle License Plate #: _____	
↓ DESCRIBE MISD VEHICLE DAMAGE ↓		↓ DESCRIBE <u>OTHER</u> VEHICLE DAMAGE ↓	
<u>MISD DRIVER'S CONTACT INFORMATION</u>		↓ Risk Management Use Only ↓	
MISD Driver's Name: _____			
Driver's Job Department: _____			
Driver's License #: _____			
Driver's Home Phone #: _____			
Driver's Work Phone #: _____			
<u>MISD INVESTIGATOR CONTACT INFORMATION</u>			
MISD Investigator: _____			
Investigator's Phone #: _____			
Date Form Prepared: _____			