

**Tamara Ravalin, ED.D.**  
Superintendent

**Robert Gröeber**  
Assistant Superintendent

**Vicki Wingfield**  
Director Transportation



**Board of Education**  
John Crabtree  
William A. Fulmer  
Juan Guerrero  
Lucia Vazquez  
Joy Naylor  
Nissan Foster  
Walta Gamoian

# ACCIDENT REPORT

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**Date of Accident:**

**CHP/Police Report #:**

**VEHICLE #1**

District Vehicle #:  
Vehicle License #:  
VIN:  
Vehicle Year:  
Vehicle Description:

Driver Name:  
Driver License #:  
Address:  
Phone:

**VEHICLE #2**

Vehicle License #:  
Driver Name:  
Driver Address:  
Owner Name:  
Owner Address:  
Insurance Company:  
Agent:

Year, Make, Model:  
Driver License #:  
Driver Phone:  
Owner Phone:  
Policy #:  
Phone:

**VEHICLE #3**

Vehicle License #:  
Driver Name:  
Driver Address:  
Owner Name:  
Owner Address:  
Insurance Company:  
Agent:

Year, Make, Model:  
Driver License #:  
Driver Phone:  
Owner Phone:  
Policy #:  
Phone:

**ACCIDENT DESCRIPTION**

Location:

Time:

Weather:

What Happened:

**PASSENGER INFORMATION**

Vehicle 1

Number of Passengers:

Number Injured:

Vehicle 2

Number of Passengers:

Number Injured:

Vehicle 3

Number of Passengers:

Number Injured:

**NAME & ADDRESS OF INJURED**

**INJURY**

**VEHICLE #**

1.

2.

3.

Attach another sheet if necessary

**VEHICLE DAMAGE**

Describe Damage to Vehicle #1

Describe Damage to Vehicle #2

Describe Damage to Vehicle #3

**WITNESSES**

NAME

ADDRESS

PHONE

1.

2.

3.

\_\_\_\_\_  
Signature of District Driver

\_\_\_\_\_  
Date

Report Submitted by \_\_\_\_\_

Report Completed by \_\_\_\_\_