



## THOMPSON SCHOOL DISTRICT VEHICLE ACCIDENT REPORT FORM

<b>I. GENERAL INFORMATION</b>		
1. SCHOOL NAME: THOMPSON SCHOOL DISTRICT 800 S. TAFT AVE LOVELAND, CO 80537 970-613-5000		
<b>II. DISTRICT DRIVER INFORMATION</b>		
2. CITATION ISSUED TO BUS DRIVER YES ___ NO ___ OTHERS YES ___ NO ___		
3. NAME	4. ADDRESS	
5. PHONE	6. DRIVER LICENSE #	
7. DEPARTMENT <input type="checkbox"/> TRANS <input type="checkbox"/> FACILITIES <input type="checkbox"/> CUSTODIAL <input type="checkbox"/> OTHER		
<b>III. INFORMATION REGARDING THE DISTRICT VEHICLE IN ACCIDENT</b>		
8. UNIT #		
9. LICENSE #		
10. VIN #		
11. YEAR	12. MAKE	13. MODEL
<b>IV. ACCIDENT DETAILS</b>		
14. CITY/LOCATION WHERE ACCIDENT OCCURED		
15. DATE OF ACCIDENT		16. TIME OF ACCIDENT Am ___ Pm ___
17. USE OF VEHICLE AT TIME OF ACCIDENT <input type="checkbox"/> ROUTE (TO & FROM SCHOOL/HOME) <input type="checkbox"/> SPECIAL EDUCATION <input type="checkbox"/> FIELD TRIP/ACTIVITY TRIP <input type="checkbox"/> OTHER	18. NUMBER OF PASSENGER ON BUS PUPILS _____ AIDES _____ DRIVERS _____ OTHER _____	19. PASSENGERS ON BUS IN WHEELCHAIR NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, HOW MANY _____
20. TOTAL NUMBER OF INJURIES		21. TOTAL NUMBER OF FATALITES
First point of impact Circle the appropriate letter  K-ROOF L-UNDERSIDE		
22. DESCRIBE DAMAGE		
23. DESCRIPTION OF ACCIDENT		

**24. ACCIDENT DIAGRAM**

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**V. WEATHER AND ROAD CONDITIONS****25. CHARACTERISTICS OF ROAD**

- a. \_\_\_ Straight    e. \_\_\_ Driveway  
 b. \_\_\_ Curve      f. \_\_\_ Parking Lot  
 c. \_\_\_ Hill        g. \_\_\_ other  
 d. \_\_\_ Bridge

**26. LIGHT CONDITIONS**

- a. \_\_\_ Dawn  
 b. \_\_\_ Daylight  
 c. \_\_\_ Dusk  
 d. \_\_\_ Dark-artificially illuminated  
 e. \_\_\_ Dark-no illumination

**27. CONDITION OF ROAD**

- a. \_\_\_ Wet                      e. \_\_\_ Muddy  
 b. \_\_\_ Dry                      f. \_\_\_ Holes  
 c. \_\_\_ Ice                      g. \_\_\_ Under repair  
 d. \_\_\_ Snow-covered      h. \_\_\_ other

**28. WEATHER CONDITIONS**

- a. \_\_\_ Clear                    f. \_\_\_ Smog/smoke  
 b. \_\_\_ Sleet                    g. \_\_\_ Dust  
 c. \_\_\_ Rain                    h. \_\_\_ Ice fog  
 d. \_\_\_ Fog                      i. \_\_\_ Wind  
 e. \_\_\_ Snow                    j. \_\_\_ other

**VI. WITNESS INFORMATION**

<b>NAME</b>	<b>PHONE #</b>
<b>NAME</b>	<b>PHONE #</b>

**VII. OTHER DRIVER INFORMATION**

<b>29. NAME</b>		
<b>30. ADDRESS</b>		
<b>31. PHONE #</b>	<b>32. MALE</b> <input type="checkbox"/>	<b>FEMALE</b> <input type="checkbox"/>
<b>VEHICLE INFORMATION</b>		
<b>33. MAKE</b>	<b>34. MODEL</b>	<b>35. YEAR</b>
<b>INSURANCE INFORMATION</b>		
<b>36. COMPANY NAME</b>		
<b>37. POLICY #</b>		
<b>38. AGENT NAME &amp; PHONE #</b>		

Supervisor's signature \_\_\_\_\_

Driver's signature \_\_\_\_\_