



Vehicle Collision Report

Collision Details: *(please fill out this form as thoroughly as possible)*

Collision Date: _____ Collision Time(am/pm): _____
Location : _____ City: _____ State: _____

Collision Description: _____

Weather/Road Condition: _____

To the best of your knowledge, please select the "cause" of the collision below.

☐ Exceeding Speed Limit ☐ Failure to Yield ROW ☐ Following Too Closely ☐ Left of Center ☐ Improper Passing
☐ Failure to Signal ☐ Improper Left Turn ☐ Improper Right Turn ☐ Turn from Wrong Lane ☐ Improper Backing
☐ Improper Starting ☐ Unsafe Vehicle Conditions ☐ Mechanical Failure ☐ Other _____

Police Contact: Yes ☐ No ☐ If yes, what police department? _____ Police Report#: _____
Citations Issued: Yes ☐ No ☐ Who: _____ Offense: _____

(District) Member Vehicle

WISD Vehicle #: _____ Year/Make/Model: _____ Color: _____
Vin#: _____ License Plate#: _____ DL#: _____
Member Driver: _____ Contact Phone: _____

Is member vehicle damaged as a result of this collision: Yes ☐ No ☐
If yes, what area is damaged? _____
Where is vehicle currently located? _____

Other Vehicle

Year: _____ Make: _____ Model: _____ Color: _____
Vin#: _____ License Plate#: _____
Owner of vehicle: _____ Phone: _____ Alternate Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Insurance Company Name: _____
Policy Number: _____ Phone Number: _____
Driver of Other Vehicle: (if different than legal owner)
Name: _____ Phone Number: _____

Is vehicle damaged as a result of this collision: Yes ☐ No ☐
If yes, what area is damaged? _____
Where is vehicle located? _____

Passengers / Witnesses

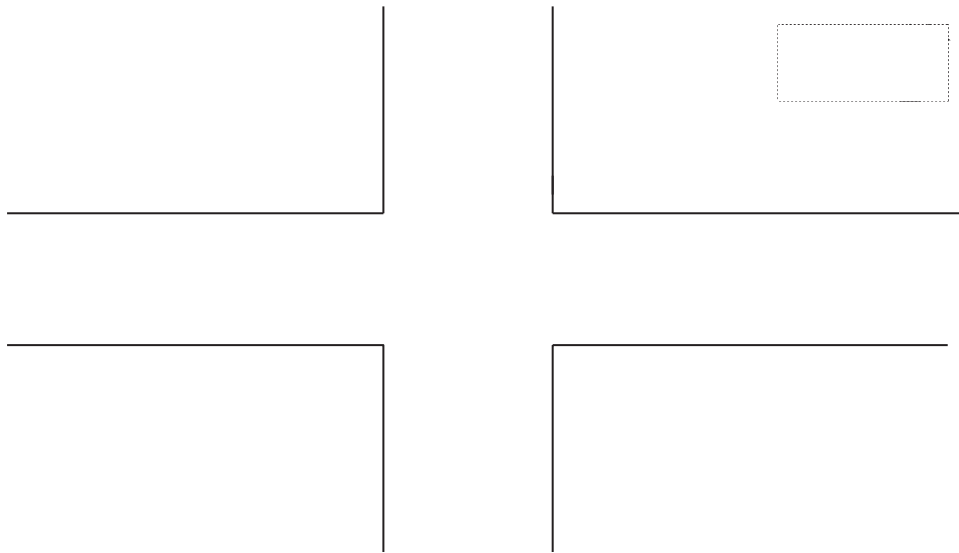
Any passengers in member vehicle? Yes ☐ No ☐ Any injuries? Yes ☐ No ☐
(If yes, please list with contact phone numbers – If minors, need parent contact information. SEE PAGE 2 TO FILL OUT INFORMATION)

Any passengers in other vehicle? Yes ☐ No ☐ Any injuries? Yes ☐ No ☐
(If yes, please list with contact phone numbers – If minors, need parent contact information. SEE PAGE 2 TO FILL OUT INFORMATION)

Any witnesses to accident? Yes ☐ No ☐
(If yes, please list with contact phone numbers – If minors, need parent contact information. SEE PAGE 2 TO FILL OUT INFORMATION)

Collision Scene Diagram:

If at intersection, draw diagram below labeling streets and positions of vehicles (include



If not an intersection, draw diagram below (be as detailed as possible):

All information contained herein may be used for insurance claim processing. Complete these forms in its entirety and return back with any related collision pictures via fax/email to Wylie ISD Risk Management :
LaToya.Scott@wylieisd.net
fax:972-941-6073

Passengers / Witnesses	
--	--

[illegible][illegible]

Written Statement:

LaToya.Scott@wylieisd.net
fax:972-941-6073



Risk Management

Incident Witness Statement Form

Witness Name:		Duties at time of incident:	
Statement Date:		Incident Date & Time:	
Incident Location:		Witness reports are to be completed by any person who directly witness an incident, or by those who have any information regarding an incident. <i>All information contained herein may be used for claims processing and may be released for Public Information Requests.</i>	
Phone # and Email Address:			
Campus/ Department			

DETAILED STATEMENT:

Witness Signature

Please return this form to:
LaToya.Scotty@wylieisd.net
Direct Fax: 972-941-6073
Phone: 972-429-3073



Please contact the Wylie ISD Risk Management Department concerning your vehicle.

Please email collision details & damage pictures to:

RiskManagement@wylieisd.net

Call: 972-429-3073

*(**Wylie ISD Employee:** After you have made contact with your supervisor or Wylie ISD Transportation dispatch at 972-429-2300, please fill out the information below & give it to the other vehicle owner for reference.)*

WISD Vehicle #: _____

Collision Location: _____

Date: _____ Time: _____

=====

Auto Damage Photo Guide

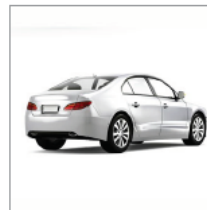
Please take photos of the damaged areas as well as the four corner of your vehicle for reference to submit with the collision report form.



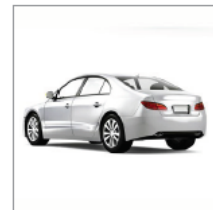
Front passenger side



Front driver side



Back passenger side



Back driver side

TEXAS LIABILITY INSURANCE CARD COMPANY PHONE NO. COMPANY ☒ COMM'L ☐ PERSONAL ☐ NAMED DRIVER POLICY (800) 225-2467 Liberty Mutual Insurance Compa POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE AS5Z51294334013 05/01/2023 05/01/2024 YEAR MAKE/ MODEL VEHICLE IDENTIFICATION NUMBER See Schedule AGENCY AGENCY PHONE NO. Roach, Howard, Smith and Barton - Dalla (972) 231-1300 8750 N. Central Expressway Dallas TX 75231 INSURED Wylie ISD 951 South Ballard Avenue Wylie TX 75098		SPANISH TRANSLATION TRADUCCION DE ESPANOL
This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.		
TEXAS LIABILITY INSURANCE CARD Keep this card IMPORTANT: You must show this card or a copy of your insurance policy when you apply for or renew your: (A) Motor vehicle registration (C) Motor vehicle safety inspection sticker. (B) Driver's License You also may be asked to show this card or your policy if you have an accident or if a peace officer asks to see it. All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. If you do not meet your financial responsibility requirements, you could be fined up to \$1,000, your driver's license and motor vehicle registration could be suspended, and your vehicle could be impounded for up to 180 days (at a cost of \$15 per day). IMPORTANTE: Si usted desea una tarjeta oficial de comprobante de seguro escrita en español, comuníquese con su agente de seguros a este número: Company Phone No. : (800) 225-2467		Tarjeta de Seguro de Responsabilidad Civil de Texas Guarde esta tarjeta. IMPORTANTE: Usted debe mostrar esta tarjeta o una copia de su póliza de seguro cuando solicite o renueve su: (A) Registro del vehículo motorizado (B) Licencia de conducir (C) Etiqueta de inspección de seguridad para su vehículo. También se puede pedir que usted muestre esta tarjeta o su póliza si tiene un accidente o si se la pide un oficial de policía. Todos los conductores en Texas deben tener un seguro de responsabilidad civil para sus vehículos, o de lo contrario deben cumplir con los requisitos legales de responsabilidad financiera. Si usted no cumple con los requisitos de responsabilidad financiera, podría estar sujeto a pagar una multa de hasta \$1,000, mas la suspensión de su licencia de conducir y la suspensión del registro del vehículo, y además su vehículo podría ser confiscado por hasta 180 días (a un costo de \$15 por día).
ACORD 50 TX (2020/01)		©1991-2019. ACORD CORPORATION. All rights reserved.