

VEHICLE ACCIDENT/INCIDENT INFORMATION

CCSD's Insurance Company:
SC School Boards Insurance Trust
1027 Barnwell Street
Columbia, SC 29201

Contact Person:
Robert Bowers, Director, Safety & Risk Services
75 Calhoun Street
Charleston, SC 29401
843-937-6574

In the event of a vehicle accident/incident, please follow the instructions below:

1. Notify police (mandatory in all thefts, vandalism, glass breakage, and auto accidents)
2. Notify EMS (if necessary)
3. Obtain appropriate information on the driver of the other vehicle involved (Section II)
4. Obtain a SC Highway Department FR-10 (green) form from the officer at the scene
5. If towing is necessary for either vehicle, obtain information on towing company (Section III)
6. Promptly complete questionnaire and give to the Safety & Risk Services department along with the SC Highway Department FR-10 form.
7. Take photos of the damaged area to be included with the insurance claim
8. Obtain two estimates for repairs if cost is under \$2500 or three estimates if over \$2500 in accordance with the State and CCSD Procurement Codes
9. Obtain written statement from employee describing accident/incident
10. Obtain written statements from witnesses (if appropriate)
11. Allow two days for the police report to be completed and obtain a copy from the police station named in Section IV and forward to the Safety & Risk Services department

QUESTIONNAIRE

I. CCSD Driver Information

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Driver's License #: _____ Number of years employed with CCSD: _____

CCSD Vehicle Information

Make: _____ Model: _____ Year: _____

Serial #: _____ License Plate #: _____

Area of vehicle damage:

Odometer reading: _____ Estimated cost to repair: _____

II. Driver of the Other Vehicle Involved

Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Home or Cell Phone: _____ Driver's License #: _____

Owner's information if different from driver

Name: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Owner's insurance company: _____ Phone: _____ Policy #: _____

Address: _____ City: _____ State: ____ Zip: _____

Other vehicle

Make: _____ Model: _____ Year: _____

License Plate #: _____ Estimated cost to repair: _____ Area of vehicle damage: _____

III. Towing Information

Company name: _____ Phone: _____

Address: _____

IV. Accident Information

Date of accident: _____ Time of accident: _____ AM PM

Location of accident: _____

Weather conditions: Dry Wet Foggy Icy/Snowy Speed limit: _____

Traffic conditions: Light Moderate Heavy Were you familiar with the area: Yes No

Were the police called: Yes No Police Department called: _____

Officer's Name: _____ Badge #: _____

Were EMS called: Yes No Hospital transported to: _____

Name of injured party (ies) _____ Extent of injury: _____

_____ Extent of injury: _____

Name of person charged in accident: _____

Arrested Ticketed Violation: _____

V. Property Damaged Other Than Vehicles

Type of property damaged(fence, canopy, etc.): _____ Owner of property: _____

Owner's address: _____ Phone: _____

Describe extent of damaged property: _____

Location of property of different from owner's address: _____

VI. Witness Information

Name: _____ Phone: _____

Address: _____

VII. Describe circumstances that caused the accident:

Form Completed By: _____	Date Completed: _____
Employee Signature	