

Auto and Bus Accidents

When involved in a vehicle accident:

1. Attend to the medical needs of anyone injured and consider the safety of student's involved.
2. Call the policy by dialing 911
3. Report the accident to district administration;
 - a) Bus Drivers call Transportation Dispatch via radio or phone at 360-709-7700.
 - b) Others call Kira Acker in Financial Services at 360-709-7019.

Refer to "Proof of Insurance and Accident Reporting Kit" in each district-owned vehicle.

Complete a written Automobile Loss Notice (next page). Gather detailed information about the accident and complete and submit to the Financial Services office as soon as possible.

Accidents involving school buses are investigated and reported by the Supervisor of Transportation.

Frequently Asked Questions:

- Q. If I have an accident in my personal auto while on the job, will the district's insurance cover damages injuries, or loss?
- A. No, your own personal auto insurance policy covers this situation. This is true even if your travel is eligible for mileage reimbursement by the district.
- Q. What if a private vehicle is damaged by the district?
- A. The damage is covered if the district's negligence caused the damage.
- Q. What if the parties involved in an accident do not agree about who is at fault?
- A. Gather information and report the accident to the Financial Services Office. The insurance companies and/or police will determine who, if anyone, is at fault. ***Do not assume responsibility for the accident or offer to pay for damages. Responsibility will be determined by the police and/or insurance companies after gathering all of the facts.***

SCHOOLS INSURANCE ASSOCIATION OF WASHINGTON
AUTOMOBILE LOSS NOTICE

Clear Risk Solutions
451 Diamond Drive
Ephrata, WA 98823

Date: _____

Date & time of loss:
_____ am/pm

INSURED: Tumwater School District

Person to Contact: Kira Acker

Contact's Phone Number: (360)709-7019, kira.acker@tumwater.k12.wa.us

LOSS: _____

Location of Accident: _____

Description of Accident: _____

INSURED VEHICLE:

Vehicle No. Year, Make, Model Vehicle Identification Number

Owner's Name, Address, & Phone: _____

Driver's Name & Address: _____

Business Phone: _____ Residence Phone: _____ D.O.B. _____

Estimate Amount: _____

Describe Damage: _____

PROPERTY DAMAGED:

Describe Property: _____

Owner's Name & Address: _____

Other Insurance: _____

Business Phone: _____

Residence Phone: _____

Other Driver's Name & Address: _____

Business Phone: _____

Residence Phone: _____

Describe Damage: _____

Estimate Amount: _____

INJURED:

Name & Address Phone No. Extent of Injury

Witnesses or Passengers: _____

Remarks: _____

Reported By: _____ Phone Number: _____

Submit completed form to: Tumwater School District Financial Services Office, 621 Linwood Ave SW, Tumwater, WA 98512.

Phone (360)709-7010 Fax: (360)709-7002