

COLORADO SPRINGS SCHOOL DISTRICT RISK RELATED ACTIVITIES

1115 N. EL PASO, COLORADO SPRINGS, CO 80903
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PLEASE FORWARD TO RISK MANAGEMENT WITHIN 24 HOURS

Date incident reported to driver's supervisor <u>To be filled out by Supervisor</u>	Supervisor's name and phone number <u>To be filled out by Supervisor</u>
Date reported: _____	Name _____ Phone# _____

DATE OF INCIDENT	TIME AM <input type="checkbox"/> PM <input type="checkbox"/>	LOCATION OF INCIDENT OR ACCIDENT
VEHICLE OR BUS #	DEPARTMENT	SCHOOL STUDENTS ATTEND
DISTRICT VEHICLE YEAR, MAKE, MODEL, BODY STYLE		VEHICLE ID #
DRIVER'S NAME LAST FIRST MI		VEHICLE LICENSE #
DRIVER'S NAME LAST FIRST MI	DATE OF BIRTH	AGE
DRIVER'S NAME LAST FIRST MI	DRIVER'S LICENSE #	
DRIVER'S ADDRESS, CITY, STATE, ZIP	HOME PHONE	WORK PHONE
POSITION OR OCCUPATION		
DESCRIBE DAMAGE		

SPEED LIMIT	ROAD CONDITIONS	TYPE OF TRAFFIC CONTROL	POLICE REPORT NUMBER	WHO RECEIVED TRAFFIC CITATION	TYPE OF VIOLATION
VEHICLE # 2 YEAR, MAKE, MODEL, BODY STYLE			VEHICLE ID #	VEHICLE LICENSE #	
OWNER'S NAME LAST FIRST MI			OWNER'S ADDRESS, CITY, STATE ZIP		HOME PHONE
DRIVER'S NAME LAST FIRST MI			DRIVER'S ADDRESS, CITY, STATE, ZIP		HOME PHONE
DRIVER'S WORK PHONE	DRIVER'S LICENSE # / STATE		DRIVER'S DATE OF BIRTH		AGE
LIABILITY INSURANCE COMPANY		POLICY NUMBER	AGENT'S NAME, ADDRESS, PHONE		
DESCRIBE DAMAGE					

FACTS OF ACCIDENT OR INCIDENT (THEFT)

IF NECESSARY USE BACK OF PAGE FOR FURTHER NARRATIVE

WAS THERE AN INJURY? NAME	ADDRESS	PARENT (IF INJURED CHILD)	HOME PHONE	WORK PHONE
Witness				

Driver's signature and phone number _____ Phone number _____

Supervisor's signature and phone number _____ Phone number _____