



FLEET VEHICLE ACCIDENT REPORT

All CPS vehicle accidents must be reported to the Business Services Office by calling (573) 214-3702 or extension 27410.

CPS Driver: _____
(print name)

Date of Accident: ____/____/____

CPS ID: E0 _____

Time of Accident: ____:____ a.m. or p.m.
(choose one)

For Business Services Office Use Only:

VIN#: _____

CPS Vehicle Involved:

Vehicle #: ____ - ____

Year, Make & Model _____

Description of Damage: _____

Other Vehicle Involved

Year, Make & Model: _____

Owner's Name,
Address & Phone Number: _____

Driver's Name
(if other than vehicle owner): _____

Passenger Name(s): _____

Location of Accident: _____

Description of Accident (also include specifics, such as: Cause of Accident, Nature of Injuries (if any), Eye Witnesses (if any), and all other important facts related to the accident):

Employee Signature

Date

After completion of this form, please email it to Heather Croy at hcroy@cpsk12.org and send the original copy to the Business Services office at 1818 West Worley Street.