THOMPSON SCHOOL DISTRICT

VEHICLE ACCIDENT REPORT FORM-NS/Facilities/ISTS

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SECTION 1: INCIDENT OVERVIEW

Date of Accident:		**Time of Accident:**	☐ AM ☐ PM
City / Location:		**District Department:**	☐ Trans ☐ Facilities ☐ Custodial ☐ Other

SECTION 2: DISTRICT DRIVER INFORMATION

Driver Name:		**Department:**	
Address:			
Phone Number:		**Driver's License #:**	
Citation Issued?	**District Driver:** ☐ Yes ☐ No	**Other Driver:** ☐ Yes ☐ No	

SECTION 3: DISTRICT VEHICLE & PASSENGER DETAILS

Unit #:		**Vehicle Use:**	☐ Route (To/From) ☐ Activity Trip ☐ Other
License Plate #:		**Year / Make / Model:**	
VIN #:		**Total Injuries:**	
Total Passengers:		**Total Fatalities:**	

SECTION 4: ACCIDENT DETAILS

Description of Accident:

Describe Vehicle Damage:

SECTION 5: ENVIRONMENTAL CONDITIONS

Road Characteristics	Road Conditions	Light Conditions	Weather Conditions
☐ Straight	☐ Dry	☐ Dawn	☐ Clear
☐ Curve	☐ Wet	☐ Daylight	☐ Rain / Sleet
☐ Hill	☐ Ice / Snow	☐ Dusk	☐ Snow
☐ Bridge	☐ Muddy	☐ Dark (Illuminated)	☐ Fog / Ice Fog
☐ Driveway	☐ Holes / Repair	☐ Dark (No Light)	☐ Dust / Wind
☐ Parking Lot	☐ Other: _____	☐ Other: _____	☐ Other: _____

SECTION 6: OTHER DRIVER & INSURANCE INFORMATION

Driver Name:		**Gender:**	☐ Male ☐ Female
Address:			
Phone Number:		**Make/ Model/Yr:**	
Insurance Co:		**Policy Number:**	
Agent & Phone:			

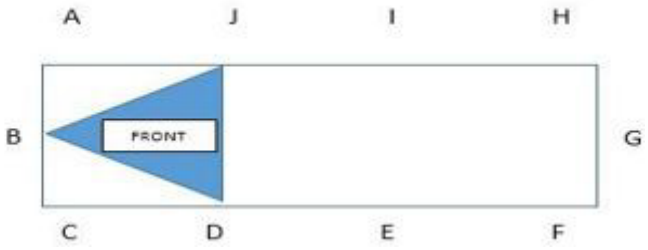
SECTION 7: WITNESS INFORMATION

#	Witness Name	Phone Number
1		
2		

SECTION 8: DIAGRAM OF ACCIDENT

First point of impact
Circle the appropriate letter

K-ROOF
L-UNDERSIDE



SECTION 9: SIGNATURES & ACKNOWLEDGEMENT

I certify that the information provided in this accident report is accurate and complete to the best of my knowledge.

Driver Signature:		**Date:**	
Supervisor Signature:		**Date:**	