# THOMPSON SCHOOL DISTRICT

## VEHICLE ACCIDENT REPORT FORM

800 S. Taft Ave, Loveland, CO 80537 | Phone: (970) 613-5003

**Risk Management Contact:** Denise Absalom, Risk Management Specialist | Ph: 970.613.5003 | Email: denise.absalom@tsd.org

## 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 #:** | | **Pupils / Students:** | |
| **VIN #:** | | **Special Ed Students:** | |
| **Year / Make / Model:** | | **Aides / Other Staff:** | |
| **Wheelchair Pass.?** | ☐ Yes ☐ No (Count: _____) | **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:** | | | |

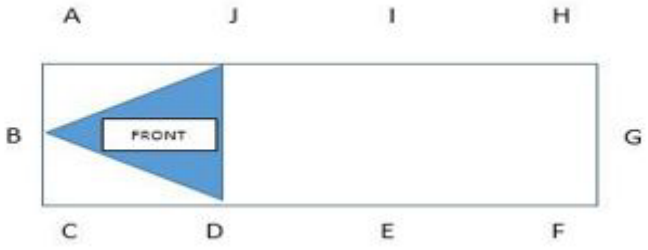
## SECTION 7: WITNESS INFORMATION

| # | 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:** | |