

BUS/VEHICLE ACCIDENT REPORT TO SISC II "CONFIDENTIAL"

DISTRICT (INCLUDE POINT OF CONTACT, ADDRESS, TEL#)		ACCIDENT DATE & TIME	
Santa Maria Joint Union High School District			
Attn: Dina Araizaga, Business Services		ACCIDENT LOCATION /Address	
2560 Skyway Drive			
Santa Maria, CA 93455			
Email: daraizaga@smjuhsd.org & jpatten@smjuhsd.org			
	VEHICLE LICENSE #	VIN #	
District's DRIVER NAME			
	MAKE/MODEL/YEAR		
Driver's School Site & Extension		DISTRICT VEHICLE #	
DESCRIPTION OF ACCIDENT (What happened?)			
DESCRIBE DAMAGE TO DISTRICT BUS/VEHICLE			
POLICE REPORT COMPLETED		CASE #	
☐ YES ☐ NO			
OTHER VEHICLE			
DRIVER'S NAME	DOB/AGE	VEHICLE LICENSE #	VEHICLE: YEAR, MAKE, MODEL
DRIVER'S ADDRESS, CITY, ST, ZIP	HOME PHONE	WORK PHONE	EMAIL
BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY		NAME & ADDRESS OF OTHER PARTY'S INSURANCE & POLICY #	
INJURED PARTIES		PHONE	ADDRESS, CITY, ST, ZIP
ADDITIONAL WITNESSES OR INVOLVED PARTIES (USE ADDITIONAL SHEETS AS NEEDED)			

Employee Signature

Date

Reviewing Supervisor Signature

Date

PLEASE TURN IN TO DISTRICT SUPPORT SERVICES - BUSINESS SERVICES - WITHIN 48 HOURS