

|  |
| --- |
| **Bus/Vehicle Accident Report****"Confidential"** |
|  |
| **DISTRICT** (INCLUDE POINT OF CONTACT, ADDRESS, TEL#) | **ACCIDENT DATE** |
|  |  |
|  | **ACCIDENT LOCATION** |
|  |  |
| PHONE NO.:  |  |
| Email**:**  |  |
| DISTRICT DRIVER NAME | DRIVER PHONE NO. | VIN # | VEHICLE LICENSE NO. |
|  |  |  |  |
| YEAR | MAKE/MODEL |  |
|  |  |  |
|  |  |  |
| **DESCRIPTION OF ACCIDENT** |
| **DESCRIBE DAMAGE TO DISTRICT BUS/VEHICLE (Please include pictures, if available)** |
| POLICE REPORT COMPLETED | CASE # |
|  YES NO |  |
| **OTHER VEHICLE** |
| DRIVER'S NAME | HOME PHONE | NAME & ADDRESS OF OTHER PARTY'S INSURANCE & POLICY # |
|  |  |  |
|  |  |  |
| DRIVER'S ADDRESS, CITY, ST, ZIP |  | VEHICLE: YEAR, MAKE, MODEL |
|  |  |
|  |  |  |
| BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY |  |
|  |
| **INJURED PARTIES** | PHONE | ADDRESS, CITY, ST, ZIP |
|  |  |  |
|  |  |  |
|  |  |  |
| **ADDITIONAL WITNESSES OR INVOLVED PARTIES**  (USE ADDITIONAL SHEETS AS NEEDED) |
| **Reported By**  | **Reported To** SISC II |

If you have any questions and/or concerns prior to submitting your district's property loss notice,

please do not hesitate to contact Lilia Beck, Property & Liability Division at 661-636-4495

or fax to 661-636-4868

Send this form and any supporting images to: sisc\_pl@siscschools.org