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| **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