SISC
Self-Insured Schools of California
Schools Helping Schools

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 INVOLVED (Not district 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:

Does the district vehicle/school bus have video cameras?	YES	NO
If yes to the above, have the videos or photographs been taken and preserved by the district?	YES	NO

INJURED PARTIES	PHONE	ADDRESS, CITY, ST, ZIP

Were the injured parties transported by EMS/Ambulance from the scene? YES NO

ADDITIONAL WITNESSES OR INVOLVED PARTIES (USE ADDITIONAL SHEETS OF PAPER AND ATTACH IF NEEDED)

Reported By (Please print name, title, & phone number)

This document was prepared for and reported to SISC Property & Liability in anticipation of litigation.

If you have any questions or concerns before submitting this bus/vehicle accident report, please contact Property & Liability Secretary Pamela Cerda at 661-636-4495.

Once the form is complete, please email it along with any supporting documents to SISC_PL@siscschools.org, or fax to 661-636-4868.