

**IRVING INDEPENDENT SCHOOL DISTRICT
Vehicle Accident Report Form**

IISD Driver's Name: _____ Employee #: _____ IISD Security Report # _____ Daytime Phone #: _____	Description of Personal Injuries (if any):
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<u>DAY</u> and Date of Accident	Time of Accident : AM or : PM	Location of Accident
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Were Police called? Yes No Time called: _____ Jurisdiction & Report # _____

In space below, describe how the accident happened. (Use backside if more room needed.)

Any Witnesses? Yes No

Witness #1	Witness #2	Witness #3
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____	City, State, Zip: _____
Work Phone: _____	Work Phone: _____	Work Phone: _____
Home Phone: _____	Home Phone: _____	Home Phone: _____

<p align="center"><u>OTHER DRIVER'S NAME AND ADDRESS</u></p> Name: _____ Address: _____ City/State/Zip: _____ Home #: _____ Work #: _____	<p align="center"><u>OTHER DRIVER'S INSURANCE INFO</u></p> Auto Ins. Co.: _____ Phone #: _____ POLICY #: _____ Policy Holder: _____
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Description of Injuries to Other Driver/Passengers (Use backside if more room needed)

<p align="center"><u>IISD Vehicle</u></p> IISD Vehicle # _____ Vehicle Make _____ Veh. Yr./Model _____ Vehicle VIN # _____ Lic. Plate # _____	<p align="center"><u>Other Vehicle</u></p> Vehicle Color # _____ Vehicle Make _____ Veh. Yr./Model _____ Vehicle VIN # _____ Lic. Plate # _____
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Describe IISD Vehicle Damage:	Describe Other Vehicle Damage:
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Description of Other Property Damage (if any):

Date Prepared	Employee (Driver) Signature
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