

DISTRICT: BAY CITY

LOCATION CODE: _____
(EXAMPLE 01-001)

ACCIDENT REPORT, AUTO AND TRUCK

(FOR BODILY INJURY OR DAMAGE TO ANOTHER'S PROPERTY OR FOR DAMAGE TO YOUR VEHICLE)

DISTRICT INFORMATION

NAME	PHONE	DRIVER NAME	PHONE	DATE OF BIRTH
ADDRESS		ADDRESS		NUMBER OF YRS W/DISTRICT
CITY	STATE	ZIP	CITY	STATE
			ZIP	DRIVERS LICENSE

VEHICLE Bus Number _____

MAKE OF VEHICLE	Y/R	MODEL	SERIAL # (LAST 6 #'S)	LICENSE #	WHERE VEHICLE CAN BE SEEN
TRAILER (IF APPLIES)	Y/R	MODEL	AREA OF DAMAGE	USED FOR BUSINESS YES <input type="checkbox"/> NO <input type="checkbox"/>	EST. COST OF REPAIR

ACCIDENT

DATE OF LOSS	TIME OF LOSS	LOCATION (STREET OR HIGHWAY)	CITY	STATE
WERE POLICE CALLED TO SCENE?	POLICE DEPT. CALLED	DRIVER	ARRESTED	TICKETED
				VIOLATION
NAME OF OFFICER	BADGE NUMBER			
STATION ADDRESS				

CLAIMANT 1 Driver's License Number _____

OWNER OF OTHER VEHICLE	AGE	ADDRESS	CITY	STATE	ZIP	PHONE
DRIVER, IF OTHER THAN ABOVE	AGE	ADDRESS	CITY	STATE	ZIP	PHONE
MAKE OF VEHICLE	YEAR	MODEL	LICENSE #	AREA OF DAMAGE	EST. \$ OF DAMAGE	WHERE CAN VEHICLE BE SEEN

CLAIMANT 2 Driver's License Number _____

OWNER OF OTHER VEHICLE	AGE	ADDRESS	CITY	STATE	ZIP	PHONE
DRIVER, IF OTHER THAN ABOVE	AGE	ADDRESS	CITY	STATE	ZIP	PHONE
MAKE OF VEHICLE	YEAR	MODEL	LICENSE #	AREA OF DAMAGE	EST. \$ OF DAMAGE	WHERE CAN VEHICLE BE SEEN

PROPERTY DAMAGE - OTHER THAN AUTO (I.E. FENCE, CANOPY)

OWNER OF PROPERTY	ADDRESS	CITY	STATE	ZIP	PHONE
DESCRIBE DAMAGED PROPERTY	LOCATION OF PROPERTY	CITY	STATE	EXTENT OF DAMAGE	

ADDITIONAL INFORMATION: