

# VEHICLE COLLISION REPORT

## What to do in Case of Vehicle Collision

School District: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Date of Collision: \_\_\_\_\_ Time: \_\_\_\_\_  
 Location of Collision: \_\_\_\_\_  
 Police Report #: \_\_\_\_\_  
 Violations/Citations: \_\_\_\_\_

1. Warn other motorist. Use flashlight, flares or car lights
2. Call police. If someone is injured, summon ambulance.
3. Write down facts. Get as much information as possible.
4. Obtain names, addresses and telephone numbers of all witnesses. This is very important.
5. DON'T ADMIT LIABILITY, but give other party your name and address. Advise other party to call 951-222-8127 for insurance information.
6. Notify your supervisor of the collision immediately.
7. Complete vehicle collision report form immediately.

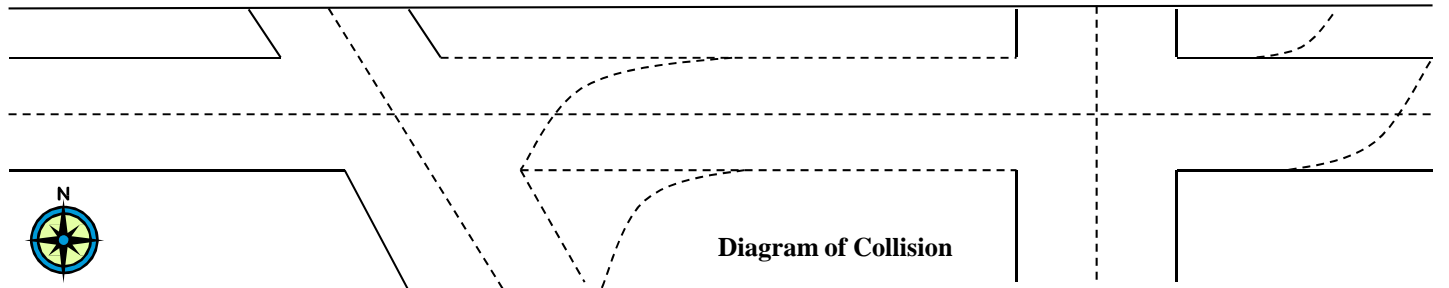
<b>College/ Personal Vehicle</b>	VEHICLE # _____ YEAR _____ MAKE _____ MODEL _____ DRIVER _____ OWNER _____ DRIVER'S LICENSE _____ SUPERVISOR _____ WORK PHONE _____ DAMAGES _____ _____ _____
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<b>Other Vehicle Or Property</b>	VEHICLE # _____ YEAR _____ MAKE _____ MODEL _____ DRIVER _____ OWNER _____ DRIVER'S LICENSE _____ ADDRESS _____ PHONE # _____ INSURANCE CO./POLICY _____ AGENT'S PHONE # _____ DAMAGES _____ _____ _____
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	NAME	DOB	ADDRESS	PHONE #	DIST.	OTHER	PED
					AUTO	AUTO	
<b>Injuries</b>							

	NAME	DOB	ADDRESS	PHONE #
<b>Witnesses</b>				

USE SYMBOL & NUMBER YOUR CAR #1, OTHER CAR #2. MAKE STOP SIGNS AND STOP LIGHTS. GIVE STREET NAMES OR NUMBERS OF HIGHWAYS. SHOW POSITION OF CAR BEFORE, AT, AND AFTER IMPACT. DESIGNATE THE NUMBER OF TRAFFIC LANES FOR EACH DIRECTION.



EXPLAIN FULLY MANNER IN WHICH COLLISION OCCURRED: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DRIVER SIGNATURE \_\_\_\_\_ SUPERVISOR SIGNATURE \_\_\_\_\_  
 DATE \_\_\_\_\_ DATE \_\_\_\_\_