



Vehicle Accident Report

Print Form

Risk Management
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P (907) 746-9213 || F (907) 761-4091

Special Instructions: After a vehicle accident occurs, the driver is to complete his form and submit it to Risk Management. Attach a Trooper or Police Report, if available, and a diagram of the accident.

Date of Accident Location of Accident
 Time of Accident AM PM City and State

District Vehicle:

Driver's Full Name <input type="text"/>	Driver's Address <input type="text"/>	Make <input type="text"/>
Driver's License # <input type="text"/>	<input type="text"/>	Model <input type="text"/>
Driver's DOB <input type="text"/>		Year <input type="text"/>
Driver's Phone # <input type="text"/>		License Plate <input type="text"/>
Describe the Damage to the Vehicle. <input type="text"/>		Number of Passengers <input type="text"/>
	Number of Students <input type="text"/>	
	Were names Taken? <input type="checkbox"/> Yes	
	<input type="checkbox"/> No	

Other Vehicle:

Registered Owner <input type="text"/>	Was the Vehicle Towed? <input type="checkbox"/> Yes	Make <input type="text"/>
Registered Owner's Address <input type="text"/>	<input type="checkbox"/> No	Model <input type="text"/>
Driver's Full Name <input type="text"/>	If so, by whom and to where? <input type="text"/>	Year <input type="text"/>
Driver's License # <input type="text"/>	<input type="text"/>	License Plate <input type="text"/>
Driver's DOB <input type="text"/>		Number of Passengers <input type="text"/>
Driver's Phone # <input type="text"/>		Insurance Information <input type="text"/>
Driver's Address <input type="text"/>		<input type="text"/>

Other Damaged Property:

Registered Owner <input type="text"/>	Registered Owner <input type="text"/>
Describe the Damage <input type="text"/>	Describe the Damage <input type="text"/>

Injured Persons:

Names of Injured Passengers

In which vehicle was the passenger riding?

Five empty rectangular boxes for entering names of injured passengers.

Five rows of checkboxes for vehicle type: District Vehicle and Other Vehicle.

Was an Ambulance Service contacted and / or provided? Yes No

Accident Information:

Direction district vehicle was travelling? Speed (MPH) Street/Road/Hwy

Direction other vehicle was travelling? Speed (MPH) Street/Road/Hwy

Which vehicle entered the intersection or location first? District Vehicle Other Vehicle

Distance from the first sight of the other vehicle to point of collision (in feet):

District Vehicle
Other Vehicle

Were headlights turned on? District Vehicle Yes No Were turn signals used? District Vehicle Yes No
Other Vehicle Yes No Other Vehicle Yes No

Please describe the weather conditions at the time of accident.

Was visibility limited at the time of impact? Yes No If yes, to how many feet was visibility limited?

Did you admit responsibility for the accident? Yes No

Was the accident reported to the State Troopers or Police personnel?
 Yes No If yes, Date Report Filed
To what station?

Were any arrests made in after the accident? Yes No If yes, who?
 District Vehicle Driver Citation Number
 Other Vehicle Driver Citation Number

Any indication of intoxication at point of impact? Yes No If yes, explain.

Draw a Diagram of the Accident using the following instructions. Attach it to this form.

- 1. Draw the direction and positions of vehicles.
- 2. Show which direction NORTH is.
- 3. Use a solid line to show the path of the vehicle(s) before the accident.
- 4. Use a dotted line to show the path of the vehicle(s) after the accident.
- 5. Show the point of contact with an "X."
- 6. Show cycle by "0-0." Show pedestrians with a "O."

Driver's Signature

Date