



MOTOR VEHICLE DAMAGE ACCIDENT REPORT

This form must be submitted within 24 hours if there is an Employee or Volunteer injury associated with this report
Note: all Items and Sections noted in bold italics with an asterisk are required fields and MUST be completed

Submitter's FIRST Name: Submitter's LAST Name:

Phone Number: Email Address:

School / Building\*:

Date of Accident\* (m/d/y) Time of Accident\* (use 24-hour clock e.g. 1:15 pm is 13:15)

LOCATION\*

Location of Accident Off-Site On-Site

If Off-Site, state Facility Name and Address - and/or specify location of accident\*

FACILITY Name:

Address:

City: Postal Code:

Provide more details, if necessary:

INCIDENT INFORMATION\* (Description of Incident)

Type of Vehicle Incident\*

- Break-In Collision (single vehicle) Flood Vandalism
Collision (multiple vehicles) Fire Theft Other (specify)

Were the Police Notified? Yes No

If Yes, report Officer's Name Police Report No.

Road Conditions

- Dry Gravel Icy Mud Wet

Weather

- Clear Cloudy Fog/Mist Hail Rain Sleet Snow

Were there injuries\*? Yes No How many people were injured?

How many vehicles involved? Any damage to property other than vehicles\*? Yes No

Additional Information

CHECK if media has been involved or likely to be involved CHECK if legal action has been threatened Record number of people involved



VEHICLE INFORMATION\*

Vehicle Ownership Type [ ] 3rd Party [ ] District / Board [ ] Rental

Purpose of vehicle use at time of incident

[ ] Delivery / Transport Goods [ ] Maintenance [ ] Not in use [ ] Transporting Students

[ ] Other (specify) [ ]

Make of Vehicle\*

[ ] Bluebird [ ] Freightliner [ ] IHC [ ] Mack [ ] Pontiac [ ] Royal [ ] Thomas [ ] Trailtech
[ ] Chevrolet [ ] GMC [ ] International [ ] Mitsubishi [ ] Rainbow [ ] Snowbear [ ] Tomcat [ ] Wells Fargo
[ ] Dodge [ ] Hinc [ ] Kenworth [ ] MCI [ ] Rogers [ ] Sterling [ ] Toyota [ ] Western Star
[ ] Ford [ ] Other (specify) [ ]

Vehicle Model

[ ] Bus (25-50 Passenger) [ ] Trailer - Dump [ ] Truck - Heavy Duty Truck [ ] Van - Chev Uplander
[ ] Bus (50+ Passenger) [ ] Trailer - General [ ] Truck - Medium Duty Truck [ ] Van - Cube
[ ] Bus - Coach (40+ Passenger) [ ] Trailer - Utility [ ] Truck - Other [ ] Van - Dodge Sprinter
[ ] Car - Camry [ ] Truck - Chev S-10 Pick-Up [ ] Truck - Pick-Up [ ] Van - Ford Econoline
[ ] Car - Other [ ] Truck - F150 [ ] Truck - Ram [ ] Van - Ford Winstar
[ ] Other - Unspecified [ ] Truck - F250 [ ] Truck - Sonoma [ ] Van - GMC Safari
[ ] SUV - Other [ ] Truck - F350 [ ] Truck - Sierra [ ] Van - GMC Savana
[ ] SUV - Rav4 [ ] Truck - F450 [ ] Truck Silverado [ ] Van - Minivan (7 Passenger)
[ ] Trailer - 5th Wheel [ ] Truck - F550 [ ] Van - Caravan [ ] Van - Other
[ ] Trailer - Boat [ ] Truck - F650 [ ] Van - Cargo Van [ ] Van - Shuttle (15-25 Passenger)
[ ] Trailer - Car Hauler [ ] Truck - F750 [ ] Van - Chev Express [ ] Van - Shuttle (7-15 Passenger)

Year \_\_\_\_\_ Serial Number \_\_\_\_\_ Province \_\_\_\_\_

Mileage \_\_\_\_\_ Estimated Damages \$ \_\_\_\_\_

If Vehicle is a rental; identify rental company's name and phone number:

Company \_\_\_\_\_ Phone (incl. area code) \_\_\_\_\_

Number of Passengers in vehicle\* [ ] Number of passengers wearing seatbelts [ ]

OPERATOR INFORMATION\* (Complete third party operator information for multiple vehicle collisions)

Operator is\*: [ ] Employee OR [ ] Third Party

First Name\*: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Last Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Third Party Address: \_\_\_\_\_

Job Position: \_\_\_\_\_

Province / Postal Code: \_\_\_\_\_

Status\*: [ ] Caretaking Staff [ ] Certificated Staff [ ] Exempt Staff [ ] Support Staff [ ] Trades [ ] Other (specify)

Phone (incl. area code): \_\_\_\_\_
eMail Address: \_\_\_\_\_
Driver's License #: \_\_\_\_\_ Year Licensed: \_\_\_\_\_
Policy #: \_\_\_\_\_
Insurance Company: \_\_\_\_\_
Agent's Name: \_\_\_\_\_



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Operator Injury Details\*

If First Aid was administered, complete name of First Aider\*: FIRST Name: LAST Name:

Description of First Aid Administered

Blank lines for describing the first aid administered.

Qualified District First Aider\*? Yes No

First Aid Qualification Advanced Emergency Nurse Standard Wilderness

Was a Paramedic or Physician Called? Yes No If Yes, was an ambulance called? Yes No

Provide name of physician or hospital / phone number

If no ambulance was used, identify method of transportation

Did this person lose time from work\*? Yes No First day of lost time (m/d/y)

Injury / Illness Type\* (check as many that apply)

- Back / Spinal injury, Bad Scrape, Broken or fractured bones, Concussion, Dislocated / Separated joint, Other (specify), Dizziness / Headache / Nausea, Fainting, loss of consciousness, Fatality, Laceration, Minor Cut / Laceration / Irritation, Minor scrape or bump, Minor swelling or bruising, Muscle pull or strain, Permanent disability, Serious / Major bleed, bruise or swelling, Severe sprain, Severe wound (scarring or surgery)

Body Part\* (check as many that apply)

- Abdomen / Stomach, Ankle, Back, Buttocks, Cheek(s), Chest Area, Chin, Collarbone, Ear(s), Elbow, Eye(s), Finger(s) / Thumb, Foot, Groin, Hand, Head, Hip, Knee, Lower arm, Lower leg / Calf, Mouth, N/A, Neck / Throat, Nose, Possible internal injuries, Shoulder, Side / Ribs, Teeth, Toes, Other (specify)

- If there are injuries to passengers involved in the motor vehicle accident, complete SECTION THREE (3) of the Student / Employee Injury FORM for each involved person and attach to this report
If there is a hazard associated with this injury, complete a HAZARD FORM and attach to this report

WITNESS\* (Use separate sheet if more than one witness)

Were there any witnesses\*? Yes No

Witness FIRST Name: Witness LAST Name:

Address / City / Postal Code:

Phone Number:

WITNESS ROLE

- Bystander, Contractor, Daycare, Employee, Neighbour, Parent, Student, Supervisor, Volunteer

Date of Report:

Report Approved by:

Position: (print clearly)