Plano Independent School District
Vehicle Accident Report Form

Accident Information		Student Information	
Date of accident:		Were students on board? Circle one	YES NO
Location of accident:		**Attach seating chart if students on board.**	
Time of accident:		How many students?	
Were police called? Circle one	YES NO	Bus asst. on board? Circle one	YES NO
Police report number:		Asst's day phone:	

Other Driver's Information			
Name:		License number:	
Street address:		Insurance company:	
City, state, zip code:		Phone number:	
Home phone:		Policy number:	
Cell phone:		Policy holder:	
Work phone:		Expiration date:	
Vehicle:	Make: Year/model: VIN: License:		
Describe vehicle damage:			

Plano ISD Information			
Driver's name:		License number:	
Department/campus:		Work phone:	
Job title:		Home/cell phone:	
Vehicle:	Make: Year/model: VIN: License:		
Describe vehicle damage:			

Describe details of vehicle accident below. Attach additional sheets, if necessary.

Date this form prepared:
PISD investigator/phone number:

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