Plano Independent School District
Vehicle Accident Report Form

Accident Information		Student Information	
Date/Time of Accident:		Were students in vehicle? Circle one YES NO	
Location of accident:		If so, how many students?	
Witnesses:		**Attach seating chart if students on board.**	
Any Injuries? Circle one YES NO			
Were police called? Circle one YES NO		Additional passengers in vehicle? Circle one YES NO	
Police report number:			

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/Model: Year:	VIN:	License:
Describe vehicle damage:			

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

Describe details (give specifics) of vehicle accident below. Attach additional sheets, if necessary.

Plano ISD Driver Signature and Date

Send completed form to: Kimberley Kirchmeyer in Risk Management at the Sockwell Center

Phone: 469-752-4797 Email: kimberley.kirchmeye@pisd.edu

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