

## 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:	<b>Attach seating chart if students on board.</b>
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.
<b>Plano ISD Driver Signature and Date</b>

Send completed form to: Ereny Abdalla in Risk Management at the Sockwell Center  
 Phone: 469-752-4797 - Email: [ereny.abdalla@pisd.edu](mailto:ereny.abdalla@pisd.edu)