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: Sandi Enloe in Risk Management at the Sockwell Center

Phone: 469-752-4797 - Email: sandi.enloe@pisd.edu - Fax: 469-752-6394

Revised 08/30/2019